UK Association for Humanistic Psychology Practitioners

**- Referee’s Statement -**

|  |
| --- |
|  |

**APPLICANT’S FULL NAME:**

Thank you for providing a Referee’s Statement in support of the above applicant.

Before completing please read *UKAHPP Code of Practice and Ethical Principles* and any other documents presented by the supervisee in relation to their request for a report – such as a Case Study, Application Form etc.

Please write clearly in **black** ink.

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

**A. Referee’s Details:**

|  |  |
| --- | --- |
| **Profession/Occupation:** |  |
| **In what capacity to you know the applicant?:** |  |

**B. Referee’s Details:**

**1. What is your opinion of the applicant as a Humanistic Psychotherapeutic Counsellor?**

|  |
| --- |
|  |

**2. Do you have any reservations about the applicant being accredited as a UKAHPP psychotherapeutic Counsellor?**

|  |
| --- |
|  |

**3. Please share your thoughts about the applicant’s application form and whether you think it represents a true picture of their practice as far as you are aware:**

|  |
| --- |
|  |

**4. Any other comments?**

|  |
| --- |
|  |

**Referee’s signature\*:** .......................................................... **Date:** ….**/**….**/**….

***\**** *Electronic facsimile accepted*

**PLEASE SEND DIRECTLY TO UKAHPP:** At the address below or as a PDF email attachment to[*admin@ahpp.org.uk*](mailto:admin@ahpp.org.uk)

***The UKAHPP Administrator (Accreditation Committee)***

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***