

Professional Reference Form

Applicants Name _____

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Please be advised that this form may be subject to any Freedom of Information Legislation.

To be completed only by Clinical Supervisors or Counsellor Educators who are familiar with the applicant's counselling skills.

The person named above has applied to the Nova Scotia College of Counselling Therapists (NSCCT) to become a Registered Counselling Therapist-Candidate. Your assessment of the applicant's characteristics will enable NSCCT to evaluate whether this applicant meets its standards.

Once complete, please email directly to registrar@nscct.ca

Ruth Mitchell, Registrar
Nova Scotia College of Counselling Therapists

Referee's Name:	Profession:
Professional Degrees:	Professional Title:
Business Postal Address:	Email:
Telephone:	Years of clinical practice:
<p>A. Please indicate the time period for which you can attest to this applicant's counselling skills.</p> <p>From _____ until _____.</p> <p style="padding-left: 40px;">month/year month /year</p> <p>(This must represent practice within the past ten years.)</p>	
<p>B. Is there any reason that you should not be considered an appropriate referee (e.g. conflict of interest, lack of knowledge of applicant's clinical work as a counsellor, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain:</p>	
<p>C. Do you have an association with the applicant other than that of supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>D. Using the scale below, please rate the applicant, compared to other counsellors you know, or have known with similar counselling experience in the following 12 categories. <u>This section is not complete without a written explanation.</u> If you require additional space for your comments, please attach another page.</p> <p style="text-align: center;">4- Outstanding, 3 -Above Average, 2- Average, 1- Below Average</p>	

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	Categories	4	3	2	1	Provide an explanation for your rating. (Additionally, if you cannot provide an evaluation in any particular category, use this space to explain the reason.)
1	Individual Counselling					
2	Couples Counselling					
3	Group Counselling					
4	Personal integrity					
5	Consulting skills					
6	Ability to relate to co-workers.					
7	Ability to be objective on the job					
8	Ethical conduct. If the CCPA 'Code of Ethics' is known and used by the applicant, please include this information in your example.					
9	Sense of responsibility					
10	Recognition of his / her own limitations					
11	Ability to work with diverse populations.					
12	Ability to keep material and information confidential					

F. Select one response: The following recommendation is based on my best judgement and I am willing to answer additional questions concerning this evaluation should NSCCT deem it necessary.

___ *I recommend this applicant for approval as a Registered Counselling Therapist-Candidate (RCT-C).*

___ *I do not recommend this applicant for approval as a Registered Counselling Therapist-Candidate (RCT-C)*

X _____

X _____

Signature of Professional Reference

Date (YMD)