

Te Poari o ngā Kaihauamanu
Hinengaro o Aotearoa

The Psychotherapists Board
of Aotearoa New Zealand

Professional reference form

The purpose of this reference

This reference is for Te Poari o ngā Kaihauamanu Hinengaro o Aotearoa (the Board) to collect information from a referee on your suitability to be registered as a psychotherapist.

- We want you to give us one professional reference.
- The reference must be no older than 6 months when received by the Board.

How to choose a referee

Your professional referee must be either:

- a registered psychotherapist with a current annual practising certificate or
- a Board-approved supervisor.

Your referee must have known you for at least 12 months.

If you are applying with an overseas qualification and do not have a professional referee who meets the above criteria, your supervisor is required to provide a CV outlining their competence in psychotherapy supervision, either by qualification, professional development, skills and/or knowledge. The Board will review the information you provide and confirm their suitability as a professional referee.

Applicant details – *This section to be completed by the applicant*

Application reference number:

Full name:

Date of birth:

I agree that the Board may contact the referee in respect of any aspect of this reference.

Signature:

Date:

Referee details – This section to be completed by the referee

Full name:
Position:
Employing company/organisation:
Phone number between 9am and 5pm, including area code:
Phone number after hours:
Times available after hours:
Email:
How long have you known the applicant?
In what capacity do you know the applicant (employee, student, volunteer etc.)?
As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy. Agree Disagree
As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist. Agree Disagree
As far as I am aware, the applicant has no criminal convictions. Agree Disagree
I am not aware of any information/matter that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy. Agree Disagree
Please add any additional comments if required (continue on a separate page if necessary)

Referee declaration:

I confirm the details above.

It is my opinion that (Applicant name) is of sound character and integrity.

I agree that the Board may contact me at the phone numbers and email address on this form.

I declare that I am aged 18 or over, I am not an immediate relative or employee of the applicant and all the information I have provided is true and correct.

Signed:

Dated: