



CRITERION 6

PROFESSIONAL REFERENCE FOR APPLICANT APPLYING FOR ACCREDITATION WITH COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND (CBPI)

GUIDELINES FOR REFEREES

Cognitive Behavioural Psychotherapy Ireland (CBPI) is the professional accreditation body for CBT in the Republic of Ireland. A person acting as referee must currently be a member of a professional organisation such as the CBPI, IMO, IACP, An Bord Altranais, ICP, PSI and be able to account for the applicant's professional practice (e.g. Line Manager, Clinical Lead, Head of Service etc).

CBPI monitors standards for those wishing to become Accredited as Behavioural and/or Cognitive Psychotherapists. CBPI values the Reference and appreciates an honest appraisal of the applicant. It would be hoped as part of good practice that the reference has been shared with the applicant and any matters of concern will have been discussed with them.

Please be advised that this form and all personal information submitted by you will be treated in accordance with Data Protection legislation and is subject to the provisions made under right of access and therefore may lead to this Report being seen.

Notes to Referees:

1. Referees must declare any actual or potential conflict of interest in making their reference; this would include any personal relationship to the prospective member.
2. Referees must have known the prospective member in a professional working capacity for a period of not less than 2 years.
3. Please return this form to the applicant in an envelope with your signature over the seal closure. He or she will in turn pass your sealed reference to us with the completed application.

What we CANNOT accept on behalf of the applicant:

- Unpaid work experience or work experience as student observer.

The person named below has applied to become accredited with Cognitive Behavioural Psychotherapy, Ireland. Your assessment of the applicant's characteristics will enable CBPI to evaluate whether this applicant meets its standards.

Applicant's Name:

I, hereby authorise the person named below as Referee to provide the following information applicable to me as an applicant for accreditation with Cognitive Behavioural Psychotherapy, Ireland.

Applicant Signature:

Date:

Referee Information	
Name:	
Professional Organisation:	Registration Nos:
Employment Position:	Professional Title: Mr, Mrs, Miss, Ms, Dr, Prof,
Business Postal Address:	Email:
Telephone Nos.:	Years of Clinical Practice:

A. Please indicate the time period for which you can attest to this applicant's practice skills.
(This must represent practice within the past five years of this reference)
From _____ until _____.
month/year month /year

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 , past or future personal or familial relationship with this applicant etc.).
 Yes No
If yes, explain:

C. What is the nature, frequency and duration of your professional contact with the applicant?

D. Provide a summary of your assessment of the applicant's level of competence in their practice of Cognitive Behavioural Psychotherapy (this should be based on your personal experience and observation of their work).

E. Provide a summary of the clinical work undertaken by the applicant (this should include clinical population/ therapeutic approach etc.)

F. Are you aware of any issues that would impair this individual's ability to practice or concerns about this individual that you would like to bring to our attention?
To the best of your knowledge has this applicant ever been guilty of unprofessional conduct, dishonest practice, incompetence, or fraud? No _____ Yes _____
If yes, explain:

G. Provide your assessment of the applicant's English language competence for their work to be performed in a safe and competent manner in relation to the headings below:

SPEAKING:

UNDERSTANDING:

WRITING:

READING:

H. Using the scale below, please rate the applicant, compared to other CBT therapists you know, or have known with similar psychotherapeutic experience in the following 16 categories.

Categories (Please place check in column)		Superior	Above Average	Average	Below Average	Unknown
1.	Individual Psychotherapy Skills					
2.	Group Psychotherapy Skills					
3.	Personal integrity					
4.	Ability to establish and maintain an effective working relationship with client(s)					
5.	Ability to relate to co-workers					
6.	Professional Judgment - Ability to be objective on the job.					
7.	Ability to work without direct supervision					
8.	CBT Knowledge Base					
9.	Record Keeping					
10.	Sense of responsibility - concern for welfare of clients					
11.	Ability to manage closure/ ending of therapy.					

H. Using the scale below, please rate the applicant, compared to other CBT therapists you know, or have known with similar psychotherapeutic experience in the following 16 categories.

Categories (Please place check in column)		Superior	Above Average	Average	Below Average	Unknown
12.	Ability to consult with other professionals					
13.	Ability to refer to other professionals					
14.	Recognition of own limitations					
15.	Ability to work with diverse populations. Sensitivity to and tolerance of others.					
16.	Ethical Conduct					

I. Are you aware of any just cause that this applicant may not be suitable to work with clients in a therapeutic capacity? Would you recommend this applicant for registration? If not, can you suggest what would be required? (Attach an additional sheet if necessary.)

Please list any notable strengths, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for accreditation.

J. Recommendations (select **one** response):

- Recommend highly, without reservation
- Recommend as qualified and competent
- Recommend with some reservation (Please explain below)
- Do not recommend (Please explain below)

DECLARATION

This reference is an honest appraisal of the applicant _____ (mention applicant's name) within the limits of my knowledge of them. Any areas of concern referred to in the Reference have been discussed with the applicant. In accordance with my code of practice I declare that all the contents of this reference provided by me is accurate and true to the best of my knowledge and belief.

Name:

Signature of Referee:

Date:

(Electronic) By typing my name I am affixing my legal signature to the document and the legal effect cannot be denied simply because the signature is not in writing.

(Non-electronic) If filling out evaluation by hand, please sign.

CBPI authenticates reports received.

As part of good practice It would be hoped that the reference has been shared with the applicant (Supervisor) and any matters of concern will have been discussed with them.

Please be advised that this form and all personal information submitted by you will be treated in accordance with Data Protection legislation and is subject to the provisions made under right of access.

After completion please return this form to the applicant in an envelope with your signature over the seal.

Thank you for your assistance

CBPI Accreditation Committee
2, Winton House (The Lighthouse Clinic)
Miltonsfields
Dublin Road
Swords
Co. Dublin K67 KW54