**Confidential Tutor Referral Form**

*Please complete and return as soon as possible.*

**The following Student has applied to BCT to join the TC-L4 Level 4 Diploma in Therapeutic Counselling course.**

**Name:**

**Please complete the following to help us to assess his/her suitability. Please give answers that reflect your experience as the trainer on the course which they have just completed.**

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| 1. **Academic Ability**

Please comment on the student’s ability to complete assignments, essays, journals etc to the required standard. |
| 1. **Time-keeping, Punctuality and Responsibility**

Please comment on the student’s attitude to time-keeping, including punctuality, meeting deadlines and payment of course fees. |
| 1. **Social Skills**

How did the student relate to other students and to the trainers on the course? |
| 1. **Counselling Skills**

How confident are you that the student has good basic counselling skills and would be able to hold clients well? |
| 1. **Self-Awareness**

Please comment on the student’s general self-awareness and personal development during the time you were their trainer. What indications do you have that he/she has the right personal qualities to become a professional counsellor, eg attitude, interpersonal skills, ability to handle conflict? |
| 1. **Emotional Stability**

The next level of training will place increased demands on the student. Please comment on their general emotional stability and ability to process course material which may be triggering. |
| 1. **General Comments**

Please add any further comments which you feel would be helpful to us. |
| **TUTOR NAME** |
| **TUTOR SIGNATURE DATE** |
| **CONTACT TELEPHONE / EMAIL** |

Please return to: Barnabas Counselling Training, PO Box 752, Chichester, PO19 9QY

tel: 01243 543403; [www.barnabastraining.com](http://www.barnabastraining.com); email: info@barnabastraining.com