



Universities Psychotherapy and Counselling Association

Chair: Professor Del Loewenthal

Vice Chair: Dr Julia Cayne

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| Reference Form | |
| Register of UPCA/UKCP Register of Supervisors - Grandparenting Route | |
| Applicant Name: | Applicant Membership No (UPCA and/or UKCP): |
| Referee Name: | Referee Membership No (UPCA and/or UKCP): |
| 1. I have known the applicant for [.....] years and my relationship with the applicant is as a supervisor/work colleague/other (please give details). | |
| 2. To the best of my knowledge the information given on the application form is correct Yes [] No [] If no, please give details (continue on a further sheet if necessary) | |
| a) Application via the Grand-parenting route: Are you able to attest to the following: a) that applicant has a minimum of 5 years experience as a psychotherapeutic practitioner post-registration or UKCP recognised professional equivalent and, b) that the applicant has at least 3 years experience of post-registration work as a supervisor or 50 hours of formal supervision given. Yes [] No [] If no, please also give details (continue on a further sheet if necessary) | |
| Signed: | Date: |
| Please return this form to: <p style="text-align: center;">UPCA Administration PO Box 3076 Reading RG1 9YF or email: admin@upca.org.uk</p> | |