**EBMG Registration Application**

**Form E. Applicant Reference Form**

**Information**

A minimum of two structured references are required for every applicant. The references are used to enable the EBMG to assess whether the applicant is working in a genetic counselling context, has the appropriate competences and is working within the Code of Practice (see the EBMG website).

One reference should be from a senior colleague, preferably a registered genetic counsellor or registered genetic nurse, or a senior medical geneticist who has worked closely with the applicant for a significant period during the two year period of preparation for registration. A reference should also be provided by the applicant's line manager.

The first referee should have been present as an observer during at least two consultations undertaken by the counsellor and provide a short report on the counsellor's competence related to those observations.

The first reference MUST address the ways in which the applicant:

a) works within the European genetic counsellor Code of Ethics

b) manages a clinical caseload

c) has access to and uses both counselling (hyperlink) and clinical (hyperlink)supervision

d) maintains their professional knowledge and skills

e) interacts with members of the multi-disciplinary team.

Where the line manager does not work in the department with the applicant, a third reference from a senior colleague will be required.

**Reference 1.**

The first referee should have been present as an observer during at least two consultations undertaken by the counsellor and provide a short report on the counsellor’s competence related to those observations. It should also include comments on how the applicant:

a) works within the European genetic counsellor Code of Ethics  
b) manages a clinical caseload  
c) has access to and uses both counselling and clinical supervision  
d) maintains their professional knowledge and skills  
e) interacts with members of the multi-disciplinary team.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee in the institute |  |
| Email address of referee (may be used to verify reference) |  |
| How long have you worked with the applicant? |  |

**Reference (insert here, use as much space as needed)**

I confirm I have observed at least two genetic counselling sessions conducted by the applicant.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**Reference 2.**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee in the institute |  |
| Email address of referee (may be used to verify reference) |  |
| Do you work within the same department as the applicant? |  |
| How long have you worked with the applicant? |  |

**Reference (insert here, use as much space as needed)**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**Reference 3. Additional reference from a senior clinical colleague.**

**THIS IS ONLY NEEDED IF THE APPLICANT’S LINE MANAGER DOES NOT WORK WITHIN THE SAME DEPARTMENT AS THE APPLICANT**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee in the institute |  |
| Email address of referee (may be used to verify reference) |  |
| How long have you worked with the applicant? |  |

**Reference (insert here, use as much space as needed)**

|  |  |
| --- | --- |
| Signed |  |
| Date |  |