

***NZ College of Clinical Psychologists***

***Te Whare Wānanga o te Mātauranga Hinengaro***

# REFERENCE FOR NZCCP MEMBERSHIP

**Part A: To be completed by the applicant**

Name of Applicant: ………………………….………………………………………………………

 *I request that …………………….……………………………………………..(name of referee) provides comment on my professional standing as a clinical psychologist.*

Signed: …………………………..………………………….. (Applicant) Date: / /

**This form can either be returned to NZCCP separately or presented with Application**

**Part B:** *NZCCP membership application process requires 2 references from NZ psychologists who’ve known the applicant for 6 months or more. However this requirement is flexible for people who have recently arrived from overseas and may not know any NZ psychologists. If this is you and you have any queries about this please contact Caroline at**office@nzccp.co.nz*

Please circle your response to the following questions

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that I am a New Zealand Registered Psychologist | Yes | No |  |
| I am willing to be a referee for the above applicantOver what period of time have you known the applicant?  | Yes……… | No |  |
| **I believe that the above applicant:** |  |  |  |
| Practises clinical psychology in a fully competent professional manner. | Yes | No | Insufficient Information |
| Has high ethical principles and exercises sound judgement. | Yes | No | Insufficient Information |
| Practises within his or her areas of competence.  | Yes | No | Insufficient Information |
| Keeps informed of developments in psychological theory and clinical practice. | Yes | No | Insufficient Information |
| Is of good standing in the opinion of his or her professional colleagues. | Yes | No | Insufficient Information |
| I therefore support this application. | Yes | No | Insufficient Information |
| **Other Comments:** |  |  |  |
|  |  |  |  |

Signed: ………………………………………………………… Date: …../…../…..

Name of Referee: …………………………………………………………. (Please print clearly)

Telephone: ………………………………….. Email: ………………………………………….