

## *Victim Assistance Scheme Counsellor Referee Form*

---

<b>APPLICANT'S NAME:</b>	
<b>REFEREE'S NAME:</b>	

**How long have you known Applicant?**

**What is your relationship to Applicant?**

**What do you know about the Applicant's experience dealing with grief and loss?**

**Would you agree the Applicant can recognise their own limitations?**

**Would you agree the Applicant can deal appropriately with any conflict of interest?**

**Do you have any concerns regarding the Applicant's ability to provide counselling to victims of homicide, suicide or other serious crimes?**

**Are you aware of any complaints having been made against Applicant?**

**Do you have anything you would like to add in support of, or against the Applicant being registered with Victim Support as a counsellor?**

**Signed:** \_\_\_\_\_

**Date:**