

VICTIM ASSISTANCE SCHEME COUNSELLOR REFEREE FORM



Applicant's Name: _____

Referee's Name: _____

1. How long have you known Applicant?	
2. What is your relationship to Applicant?	
3. What do you know about the Applicant's experience dealing with grief and loss?	
4. Would you agree the Applicant can recognise their own limitations?	
5. Would you agree the Applicant can deal appropriately with any conflict of interest?	
6. Do you have any concerns regarding the Applicant's ability to provide counselling to victims of homicide, suicide or other serious crimes?	
7. Are you aware of any complaints having been made against Applicant?	
8. 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: _____