**Reference Request Form: Healing Together Facilitators Programme**

Thank you for agreeing to complete a reference for the applicant. The applicant wishes to become an accredited facilitator to deliver the Healing Together programme. This is a unique trauma informed programme that supports children impacted by domestic abuse.

 In order to maintain their accreditation, they must deliver two programmes annually, attend CPD and access supervision.

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| **Name of Applicant** |  |
| **Referee Name** |  |
| **Referee Job Title** |  |
| **Referee Email Address** |  |

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| **Please comment on the applicant’s skills and experience to deliver therapeutic programmes to support children impacted by domestic abuse. Please comment on their approach to supporting children, personability and ability to reflect upon their work.**  |

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| **Confirmation Statements**  | *Please tick* |
| If applicable, I confirm as an organisation/line manager the applicant will have the capacity to deliver at least two programmes per year.  |  |
| I confirm I support the applicant to become a Healing Together Facilitator.  |  |

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| **Print Name**  |  |
| **Signature**  |  |
| **Date** |  |