**Genetic Nurse and Counsellor Professional Branch Board**

### Form L1. Renewals References Form – Senior clinical Supervisor

**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).

A reference should be provided by the applicant's senior clinical supervisor. A second 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 (a minimum of one year) during the 5-year period of preparation for Renewal of registration.

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

Please note that **references are crucial** in the assessment of applications and are expected to be as **detailed** as possible in the description of the applicant competences and roles, explicitly addressing the aspects stated below.

**Reference 1. RENEWAL OF REGISTRATION - CURRENT** SENIOR CLINICAL SUPERVISOR´S**REFERENCE**

**STRICTLY CONFIDENTIAL**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Name of Referee: |  |
| Work address:  |  |
| Position of Referee at the institution |  |
| Professional background of the Referee |  |
| Email address of Referee and contact number (may be used to verify reference) |  |
| Do you work within the same department as the applicant?  |  |
| How long have you worked with the applicant in her current job as genetic counsellor/genetic nurse? (Specify exact time and if this has been under different professional relationships) |  |

**Please verify:**

* Regular internal and external CPD (relevant to the practice of genetic counselling) has been undertaken by the applicant over the last 5 years. **If the candidate has worked for you for less than five years please provide dates of service**
* The applicant participates in genetic counselling supervision (if in a clinical role) specifying type (group/individual), frequency and the professional providing the counselling supervision.

- Counselling supervision is when a genetic counsellor uses the services of a counsellor, psychotherapist or psychologist to review the way they work with their patients to ensure they are keeping their therapeutic skills up to date and that they work in a safe and ethical way. This is DIFFERENT to clinical supervision.

**Reference:**

* Please provide a **descriptive detail** about the applicant’s practice and suitability to continue to be registered as a Genetic Counsellor/Genetic Nurse

**(Insert here, use as much space as needed):**

|  |  |
| --- | --- |
| Signed |  |
| Date (dd/mm/yyyy) |  |

**Please submit reference by email to:** gc.register.ebmg@gmail.com **(preferably in PDF format). If you cannot add an electronic signature please sign the form and scan it and email the PDF.**