**Genetic Nurse and Counsellor Professional Branch Board**

### Form N. Applicant Reference Form under National route

**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).

Please note that applicants who have already successfully registered with one of the EBMG approved systems may apply for EBMG registration through the national registration route specifically created for this purpose.  For these applicants only it is not compelled that they maintain a purely clinical role in genetic counselling since they first obtained registration.

One 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 reference should also be provided by the applicant's senior clinical supervisor.

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 competencies and roles, explicitly addressing the aspects stated below.

If the applicant works within a clinical role but their senior clinical supervisor does not work in the same department, a third reference from a senior colleague will be required.

**Reference 1. SENIOR COLLEAGUE’S REFERENCE**

The first reference MUST provide a descriptive detail about the applicant’s practice AND specifically address through their comments, the ways in which the applicant:

1. Works within the European genetic counsellor Code of Ethics
2. Manages a clinical caseload (if in a clinical role)
3. Has access to clinical supervision
4. Maintains their professional knowledge and skills
5. Interacts with members of the multi-disciplinary team (if in a clinical role)

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee at the institution |  |
| Professional background of the Referee |  |
| Email address of Referee (may be used to verify reference) |  |
| Reporting relationship with the applicant |  |
| How long have you worked with the applicant in her current job as genetic counsellor/genetic nurse? (Specify exact time and if under different professional relationship) |  |

**Reference (insert here, use as much space as needed)**

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

**Reference 2. SENIOR CLINICAL SUPERVISOR´S REFERENCE.**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee at the institution |  |
| Professional background of the Referee |  |
| Email address of Referee (may be used to verify reference) |  |
| Reporting relationship to the applicant |  |
| 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 under different professional relationship) |  |

**Reference (insert here, use as much space as needed)**

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

**Reference 3. ADDITIONAL REFERENCE FROM A SENIOR CLINICAL COLLEAGUE**

**Additional reference from a senior clinical colleague required ONLY for applicants working in a clinical role and when THE APPLICANT’S LINE MANAGER DOES NOT WORK WITHIN THE SAME DEPARTMENT AS THE APPLICANT**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Referee |  |
| Position of Referee at the institution |  |
| Professional background of the Referee |  |
| Email address of Referee (may be used to verify reference) |  |
| Reporting relationship to the applicant |  |
| 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 under different professional relationship) |  |

**Reference (insert here, use as much space as needed)**

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