**Genetic Nurse and Counsellor Professional Branch Board**

### Form L. Renewals References Form – Senior Colleague

**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).

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 during the five year period of preparation for Renewal of registration.

A reference should also be provided by the applicant's line manager. Where the line manager 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’s competencies and roles, explicitly addressing the aspects stated below.

**Reference 2. RENEWAL OF REGISTRATION - Senior Colleague Reference**

**STRICTLY CONFIDENTIAL**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Name of Referee: |  |
| Work address:  |  |
| Position of Referee at the institution |  |
| Professional background of the Referee |  |
| EBMG Registration Number of referee(if applicable): |  |
| Email address of Referee and contact number (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) |  |

**Please verify:**

* The applicant has worked a minimum of one year of full-time employment over the past 5 years involved in a GC or GN role. The time in employment can be divided over the past 5 years, but must total the equivalent of 1500 working hours or 40 weeks full-time employment.
* Regular internal and/or external CPD (relevant to the practice of genetic counselling) has been undertaken by the applicant over the last 5 years.
* The applicant practises according to the EMBG Code of professional practice for genetic counsellors in Europe.

**Reference :**

* Please provide a **detailed description** 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:** **gngc@ebmg.eu** **(preferably in PDF format). If you cannot add an electronic signature please sign the form and scan it and email the PDF.**