

**SCARBOROUGH COUNSELLING & PSYCHOTHERAPY TRAINING INSTITUTE**

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**Reference Form**

**Name of Applicant:**

The above named person is an applicant for admission to the Scarborough Counselling & Psychotherapy Training Institute's Diploma in \_\_\_\_\_. We would appreciate a confidential statement from you evaluating the applicant's capacity to meet the emotional and intellectual demands of such training. Please include how long and in what capacity you have known the applicant. Any additional comments will be welcomed. Use another page if needed and return this completed reference to the above address.

**Name of Referee:**

**Date:**