



NZCCP

The New Zealand College
of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

REFERENCE FOR NZCCP MEMBERSHIP

Part A: To be completed by the applicant

Name of Applicant:

*I request that(name of referee)
provides comment on my professional standing as a clinical psychologist.*

Signed:(Applicant) Date: / /

This form can either be returned to NZCCP separately or presented with Application

Part B: To be completed by the referee.

Please circle your response to the following questions

I confirm that I am a New Zealand Registered Psychologist Yes No

I am willing to be a referee for the above applicant Yes No

Over what period of time have you known the applicant?

I believe that the above applicant:

Practises clinical psychology in a fully competent professional manner. Yes No Insufficient Information

Has high ethical principles and exercises sound judgement. Yes No Insufficient Information

Practises within his or her areas of competence. Yes No Insufficient Information

Keeps informed of developments in psychological theory and clinical practice. Yes No Insufficient Information

Is of good standing in the opinion of his or her professional colleagues. Yes No Insufficient Information

I therefore support this application. Yes No Insufficient Information

Other Comments:

Signed:..... Date:/...../.....

Name of Referee (Please print clearly)

Telephone Contact Number:

Address: