

Clinical Reference Letter

I, _____, hereby authorize _____
Applicant Name Referee Name
to provide the BC College of Social Workers with all information which is relevant to my qualifications and expertise as an applicant to be registered as a clinical social worker in British Columbia.

Applicant Signature

Date

**This form must be completed and submitted by the referee directly to the BC College of Social Workers.*

**This form may only be completed by one of the following professionals:*

- registered social worker;
- registered psychologist;
- psychiatrist; or
- any other physicians.

Section 1

1. How long have you known the applicant and in what capacity?

2. Describe your professional relationship with the applicant and the basis of your knowledge of his/her clinical practice.

3. What theoretical base underlies the applicant's clinical social work practice?

4. Describe how the applicant establishes and maintains effective therapeutic relationships.

5. How does the applicant demonstrate an understanding of diagnosis, assessment and treatment planning?

6. How does the applicant demonstrate clinical competence?

7. Identify any concerns you have regarding the clinical social work practice of the applicant.

8. Would you refer clients to the applicant? YES NO

If no, explain: _____

9. Indicate the quality and extent of endorsement of this applicant.

- Without reservation With reservation No recommendation

Section 2

To be completed if you have ever been directly responsible for the clinical supervision of this applicant.

10. How long did you supervise the applicant? From: _____ to _____

11. In what setting did you provide clinical supervision?

12. Describe the nature (individual, group), method (observation, video, file review), frequency and duration of supervision sessions.

13. Estimate the total number of clinical supervision hours you spent with the applicant: _____

Referee's Information (Please Print Clearly):	
Name:	Professional Designation, Degree, Credential:
Employer:	Position Title:
Personal Mailing Address:	
City:	Province:
Preferred Telephone Number:	Postal Code:
Signature:	Date: