**Genetic Nurse and Counsellor Professional Branch Board**

### Form D. Applicant Reference Form

**Information**

A minimum of two well 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 (a minimum of one year) during the preparation for registration (period of 2 years for both Normal and National Route, 4 years for Route A and 5 years for route C). Another reference should also be provided by the applicant's senior clinical supervisor.

The first referee should have been present as an **observer during at least two consultations** undertaken by the counsellor and **provide a short report** on the counsellor's competence related to those observations. 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 competences and roles, explicitly addressing the aspects stated below.

The first reference MUST provide a detailed description of the applicant’s practice AND clearly address the ways in which the applicant (ALL points needed):

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

Please note that a checklist of compliance with this list is not sufficient – a description of the candidate’s practice is required.

**Where the senior clinical supervisor does not work in the department with the applicant, a third reference from a senior colleague will be required.**

If the applicant has changed jobs as genetic counsellor over the 2-year period covered by the portfolio, the total number of references that he/she needs to submit is the same as described above, each can be from different jobs however, all aspects indicated above must be addressed amongst those letters and at least one must be from the current job.

**Reference 1. COLLEAGUE’S REFERENCE**

The first referee should have been present as an **observer during at least two consultations undertaken by the applicant (with the applicant in a lead role) and provide a short report on the applicant’s competence** as genetic counsellor related to those observations. It should also include detailed **comments** about the applicant’s practice AND explicitly address the ways in which the applicant:

a) works within the European genetic counsellor Code of Ethics  
b) manages a clinical caseload  
c) has access to and uses clinical supervision  
d) maintains their professional knowledge and skills  
e) interacts with members of the multi-disciplinary team.

|  |  |
| --- | --- |
| 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? (Specify exact time and if this has been under different professional relationships) |  |

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

* I confirm I have observed at least two genetic counselling sessions conducted by the applicant.

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

**Reference 2. SENIOR CLINICAL SUPERVISORS 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 with 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? (Specify exact time and if this has been under different relationships) |  |

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

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

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

**REQUIRED ONLY IF 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 with 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? (Specify exact time and if this has been under different relationships) |  |

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

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