**Genetic Nurse and Counsellor Professional Branch Board**

### Form L3. Renewals References Form – 3rd Reference

**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. 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.

**STRICTLY CONFIDENTIAL**

**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: |  |
| Work address: |  |
| Position of Referee in the institute |  |
| Professional Background |  |
| EBMG Registration Number of referee  (if applicable): |  |
| Email address of referee (may be used to verify reference) |  |
| Contact number: |  |
| Professional relationship to applicant: |  |
| How long have you worked with the applicant? |  |

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

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

**Please submit reference by email to:** [**gngc@ebmg.eu**](mailto: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.**