**Reference Request Form: Healing Together Facilitators Programme**

Thank you for agreeing to complete a reference for the applicant. The applicant wishes to become an accredited facilitator to deliver the Healing Together programme/s. These are unique trauma informed programmes that enable children and families access early help by people they trust, in a space they feel safe.

To maintain their accreditation, they must deliver two programmes annually, attend CPD and access supervision.

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| **Name of Applicant** |  |
| **Referee Name** |  |
| **Referee Job Title** |  |
| **Referee Email Address** |  |

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| **Please comment on the applicant’s skills and experience to deliver therapeutic programmes to support children and families access early trauma informed help. Please comment on their approach to supporting children, families, personability and ability to reflect upon their work.**  |

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| **Confirmation Statements**  | *Please tick* |
| If applicable, I confirm as an organisation/line manager the applicant will have the capacity to deliver at least two programmes per year.  |  |
| I confirm I support the applicant to become a Healing Together Facilitator.  |  |

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| **Print Name**  |  |
| **Signature**  |  |
| **Date** |  |