

Care Excellence Programme

Rose Model of Therapeutic Care Reference Proforma

As an attendee of the Care Excellence Programme, we ask that you provide confirmation of your status as a carer when applying for your place on the course. This reference could come from the named Social Worker of your child, a Supporting Social Worker for your placement or any other professional who is aware of your status as a carer; eg Doctor

Full Name of Applicant: ………………………………………………………………………

Role: Adoptive Parent, Foster Carer, Special Guardian, Kinship etc

…………………………………………………………………………………………………… Name of Referee: …………………………………………………………………

Email:…………………………………………………………………

Contact number: ………………………………………………………

Signature of Referee\*:

…………………………………………………
\*Please note that the signature provided must be an original, not typed name.

By signing this document as a referee, you confirm the above-named applicant is currently engaged in the caring capacity stated above.

**T H E i A**

**S h i n i n g a l i g h t o n b e s t p r a c t i c e**