

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.

Please note: the content of the training can be upsetting and triggering for delegates. Therefore, if the delegate is currently going through any difficulties, please consider whether the course is suitable for them at this moment in time. If you are unsure, please contact a member of our team to discuss further.

info@innovatingmindscic.com

Name of Applicant	
Applicant Customer No.	
Referee Name	
Referee Job Title	
Referee Email Address	

Please comment on the applicant's skills and experience to deliver therapeutic programmes to support children. Please comment on their approach to supporting children, personability and ability to reflect upon their work.

Confirmation Statements	<i>Please tick</i>
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.	

Print Name	
Signature	
Date	

Once completed, please email a copy of this form to healingtogether@innovatingmindscic.com