



# Psychological Association of Manitoba Reference Form

Referees must have known the applicant and their work for at least one year.

## Instructions:

1. **Applicant** complete the [Declaration of Competence](#) form and forward by email to each referee with this form
2. **Referee** complete this fillable form and return by email to [officecpmb@gmail.com](mailto:officecpmb@gmail.com)

For office use only

Name of Applicant you are providing reference for: \_\_\_\_\_

## Referee Information

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Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Currently Registered in (province/state): \_\_\_\_\_

## Relationship to Applicant

I have known the applicant for \_\_\_\_\_ year(s) from \_\_\_\_\_ to \_\_\_\_\_

I was the Applicant's:

Supervisor  Co-worker  Department Head  Other: \_\_\_\_\_

## During this time, the applicant's work and/or study was:

Primarily in the field of psychology

In another field related to mental health (specify): \_\_\_\_\_

In a field not related to psychology or mental health



## 1. Readiness to Apply for Registration in Psychology

Please rate the applicant based on your previous relationship with them.

Readiness for registration in psychology	No Reservations	Minor Reservations	Major Reservations	Unable to Rate
Personal & emotional maturity for work in psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in professional activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & knowledge relevant to declared competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall suitability for registration in psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated reservations, please explain:

## 2. Rating of Knowledge and Skill

The Association evaluates each applicant for a certificate of registration authorizing autonomous practice with respect to preparation in five areas of knowledge and skill for professional practice.

Detailed definitions of these five areas are available [here](#)

Based on your previous relationship with the applicant, please rate the applicant's knowledge and skills.

Knowledge and Skill	No Reservations	Minor Reservations	Major Reservations	Unable to Rate
1. Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assessment and Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Intervention and Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Competence to diagnose mental disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ethics and Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please briefly state the basis of your evaluations regarding areas 1-5 listed above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



### 3. Declaration of Competence

For the purposes of registration, applicants are asked to state what they believe is the principal focus of their intended practice in psychology. Please review the applicant's Declaration of Competence (sent to you with this form) and indicate below the extent of your agreement with the applicant's declared areas.

Declaration of Competence	Fully Agree	Partly Agrees	Disagree	Unable to Rate
Activities or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas of psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal client groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated "partly agree" or "disagree", please explain:

Please use the space below to provide any further comments that you wish to make concerning the applicant's suitability for registration in psychology.

Referee Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Referee Signature: \_\_\_\_\_