

DECLARATION:

I have known the applicant for a period of (not less than 6 months)

- I consider that the applicant is a person of good character and repute and has the personal attributes that indicate they are fit to practise as a hospital play specialist.
- I know of no employment, professional or other issues which might affect the applicant's ability to carry out the relevant duties of a hospital play specialist safely and satisfactorily.
- To my knowledge, the applicant has not been convicted of an offence against the law (in any country) or dismissed from a teaching position or hospital play/child life specialist position (in any country)
- I am not a partner of or related to the applicant by birth or marriage.

Name (please print):

Hospital Play Specialist Registration Number:

Designation/title:

Telephone No. (day):

Email address:

Signature:

Date:

When you have completed this form, please pass it to the applicant's nominated professional leader for endorsement. (See Section B, next page).

If you wish to discuss this reference, please e-mail the Hospital Play Specialists Registration Committee, hpsreg@gmail.com

Cont. ...

Section B: Endorsement of Referee Report

This section to be completed by applicant's professional leader (e.g. team leader, practice supervisor, line manager), who must be familiar with the applicant's good character and professional practice and endorses the Referee Report.

NAME OF APPLICANT:

I have known the applicant for a period of

- I endorse the Statement of Recommendation in Section A above, which attests to the competency of the applicant as a hospital play specialist.
- I consider that the applicant is a person of good character and repute and has the personal attributes that indicate they are fit to practise as a hospital play specialist.
- I know of no employment, professional or other issues which might affect the applicant's ability to carry out the relevant duties of a hospital play specialist safely and satisfactorily
- To my knowledge, the applicant has not been convicted of an offence against the law (in any country) or dismissed from a teaching position or hospital play/child life specialist position (in any country)
- I am not a partner of or related to the applicant by birth or marriage.

Comments I wish to make about the applicant:

Name (Please print):

Designation/title:

Employing hospital:

Telephone No. (day):

Email address:

Signature:

Date:

If you wish to discuss this reference, please email the Hospital Play Specialists Registration Council,
hpsreg@gmail.com

Do not return this form to the applicant.

Please scan and email directly to: hpsreg@gmail.com

To be marked as confidential in subject heading