

# NOVA SCOTIA DEPARTMENT OF JUSTICE

## APPLICATION TO PROVIDE:

- Psychological Assessment
- Psychiatric Assessment
- Custody/Access Assessments

## PROFESSIONAL REFERENCE FORM

NOTE: Reference forms must be completed by professional counsellors, counsellor educators or a supervisor.

\_\_\_\_\_ (**Applicant's Name**) has applied to provide service(s) as noted above to the Department of Justice. Your assessment of the applicant will enable the Department to evaluate whether this individual meets the program's criteria. Please respond to all questions.

Reference Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please rate the applicant on the following characteristics by placing a check mark in the appropriate box.**

Category	Outstanding	Above Average	Average	Below Average	Cannot Evaluate
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Individual Assessment Skills

Personal Integrity

Consulting Skills

Ability to Relate to Client

Ability to be Objective on the Job

Ethical Conduct

Concern for Welfare of Clients

Sense of Responsibility

Recognition of Own Limits

Ability to Keep Material Confidential

Please provide a narrative on the applicant's ability to provide service(s) noted.

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Please complete the following overall recommendation of the candidate's suitability by checking the appropriate box.

- I recommend the above applicant as suitable for providing service(s) noted.
- I do not recommend the above applicant as suitable for providing service(s) noted.
- I am unable to evaluate the above applicant's suitability to provide service(s) noted.

Reasons or Comments:

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Date \_\_\_\_\_

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

**PLEASE FORWARD TO:**

**Kenneth Winch  
Director Court Services  
Department of Justice  
P. O. Box 7  
Halifax, Nova Scotia  
B3J 2L6**