***All people who verify the Candidates work are to complete the details below to ensure validity. (Candidate may need multiple copies of this form.)***

|  |  |
| --- | --- |
| **Instructions** | As part of the assessment **for CHC51115 – Diploma of Financial Counselling,** the candidate requires evidence from a third party (employer, supervisor or equivalent). This evidence will be used to validate the candidate’s skills and experience. |
|  |
| **Candidate’s name** |  |
| **Referee details** |  |
| **Name** |  |
| **Position/title** |  |
| **Workplace** |  |
| **Workplace address** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

#### To whom it may concern

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(insert candidate’s name)* *(insert industry/job title)*

I certify that the above-named person has:

worked at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(insert name of workplace) (insert length of time*)

The candidate has regularly completed the following activities to an acceptable workplace/industry standard within this organisation.

**Use the following to identify key aspects of areas of competence as they relate to the Diploma unit that the student is requesting evidence for. The student should provide the unit outline to the referee.**

* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I understand the evidence/tasks the candidate has performed on which I am required to comment. |[ ] [ ]
| I am willing to be contacted if further verification of my statements is required. |[ ] [ ]

If you would like further information or would like to discuss any of the above, I can be contacted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert phone number).*

Yours sincerely

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

**An alternative to providing a third-party report in this format is to provide a written letter. This must be on company letterhead and signed and an original PDF version of the document.**