



Advancing Family Therapy
training and clinical practice
since 1979.

The Australian Association of Family Therapy Inc.

PO BOX 2351. RICHMOND VIC 3121. AUSTRALIA . Tel 03 9429 9938

www.aaft.asn.au admin@aaft.asn.au ABN 44 698 290 795

Clinical Family Therapist Membership Application Referee's Report

1. The Applicant

Full Name: _____

Position Held: _____

2. The Referee

Full Name: _____

Address: _____

Phone _____ Phone2 _____

Email : _____
Please print clearly

Have you been a Clinical Family Therapist member of AAFT for at least 5 years?

1. Yes 2. No

Position Held: _____

3. Your professional involvement with the Applicant

For how long have you been familiar with the applicant's clinical work?

For how long have you been familiar with the applicant's work with families?

i) Supervisor

a) Frequency _____

b) Length of supervision _____

c) Group of Individual Supervision _____

d) If supervision occurred in a group, please state the number of group members _____

ii) Other

4. Nature of the Applicant's work

How much of the applicant's work is relevant to the application of family therapy/systems theory and practice?

- Substantial Moderate Minimal

Give a brief description of the context in which you understand the applicant to practice family/systems therapy.

5. Professional competence of the Applicant – Please ensure that comments sections are completed.

a) Please substantiate how well the applicant understands family/systems theory

- Substantial Moderate Minimal

Comments _____

b) Please substantiate the level of the applicant's family therapy /systemic skills

- Substantial Moderate Minimal

Comments _____

c) Please substantiate how well the applicant is able to critically evaluate her/his own practice with families

- Substantial Moderate Minimal

Comments _____

d) Please substantiate the effectiveness of the applicant's working relationships with her/his clients and colleagues

Substantial Moderate Minimal

Comments _____

e) Please substantiate the applicant's level of awareness of ethics in professional family therapy practice (such as confidentiality, responsibility to clients, setting up practice, therapeutic integrity, familiarity of AAFT Code of Ethics)

Substantial Moderate Minimal

Comments _____

f) What areas for further professional development would you suggest for the applicant?

g) Any other comments

6. Declaration

I as a referee for _____ consider that he/she is a competent family therapist who is committed to professional development and ethical practice.

Please tick one of the following:

I give my support to this application in an unqualified way

I am prepared to support this application with the following qualification

Please circle where appropriate:

I have/have not discussed this reference with the applicant.

I am/am not willing for details of my report to be discussed with the applicant.

Signature: _____

Date: _____