**Section V: Second reference in support of the application for EMDR Europe Child and Adolescent Practitioner Accreditation**

**This reference forms part of the application process for accreditation as an EMDR Europe Practitioner**

**I support this application for EMDR Europe Child and Adolescent Practitioner Accreditation for**

**Name of Applicant:**

**I know the applicant from the following context:**

**Please:** ENTER ‘X’ TO CONFIRM

|  |  |
| --- | --- |
| Head of Service/ Clinical Manager  |  |
| Professional Colleague  |  |
| Academic Colleague  |  |
| Clinical Supervision Group member  |  |

I can confirm the applicant’s experience in the practice of EMDR, and that the applicant’s professional practice is in accordance with the ethical guidelines of their respective professional organisation.

**Please print name:**

**Signature:**

**Date:**