

**Employer Name**  
Employer Address

**The Registration Council for Clinical Physiologists**

The RCCP,  
PO Box 2622,  
Steyning,  
BN5 0FJ

**Enter Date** \_\_ / \_\_ / \_\_\_\_

**\*\* Please note references need to be dated within 3 months of submission\*\***

Dear Whom it May Concern,

**Re: Reference for *insert Applicant Name***

This reference is given in support of the above-named applicant for consideration of RCCP professional registration. I confirm I **insert referee name** am clinically and/or professionally accountable for the applicant. As the **insert referee designation** (e.g. current Head of Service, Head of Department or Lead Clinician) I confirm that the applicant is employed in a role which is eligible for registration and has the appropriate training and experience as a (specify RCCP clinical physiology modality).

The above-named applicant performs:

- **Insert** an outline of all the details of the applicant's current duties in post
- **Insert** Dates of the above-named applicant's employment (start date/end date)
- **Insert** the applicant currently works full-time/part-time (delete as appropriate)

Yours Faithfully,

**\*\*Hand written signature Required\*\***

**Name of Referee**  
**Designation of referee**