# REFERENCE FORM for PDA MENTAL HEALTH PEER SUPPORT

**(Confidential**)

To be completed by someone who knows you well in either a personal or professional capacity. **Please return to** [admin@mindspacepk.com](mailto:admin@mindspacepk.com) **by Monday 5th of July, 2021**.

|  |  |
| --- | --- |
| Name: | |
| Address:  Phone: Email: | |
| Name of the candidate | In what capacity do you know this person & how long have you known them for? |
| Please let us know in what ways do you consider the person you are referring is suited for the peer support role? | |
| Any additional information/details we should be aware of: | |

Completed By:

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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