



Applicant's name _____

Applicant's job/position/title _____

Period of service, relevant to this referee
from (month/year) ____/____ to (month/year) ____/____

Applicant: This form is provided as an alternative to a letter of reference. Please insert your details above and give this form to the person you wish to provide a reference for you. The referee should return to you the completed form, or a letter of reference, for you to enclose with your exam application. The referee has the option of sending the reference directly to the IBLCE office, but it is your responsibility to ensure that your complete application is submitted by the due date, including the provision of references.

Referee's name _____

Referee's job/position/title _____

Institution/agency/organisation _____

Referee's telephone number _____

Referee: The person named above is applying to sit for the IBLCE certification exam. IBLCE requires that each exam applicant submit two original professional references as part of the application process. References must attest to the applicant's competence in the field and to the applicant's character.

Thank you for agreeing to provide one of the two references required by this applicant. Please answer the questions on the other side of this sheet. If you do not know the answer to a particular question, or are not in a position to answer it, please indicate. If the space provided for comment is not adequate, please attach additional sheets. Instead of using this form, you may prefer to write a reference in the form of a letter, providing the requested information about the applicant to the extent that you are able. If you wish to discuss this applicants reference with the Regional Director please email rd@iblce.edu.au and a time will be organised for the Regional Director to phone you.

Unless you particularly wish to send the reference directly to the IBLCE office, please return it (in a sealed envelope if you wish) to the applicant for inclusion with the application form and other documentation. If you have one, please attach your business card/letterhead/compliments slip. If you wish to send this reference or any other information directly to IBLCE, the contact details are shown below.

Thank you for your assistance.

Karolyn Vaughan IBCLC
Regional Director

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If as the Referee; you would like to receive the Candidate Information Guide for next year please complete the following: Email address:
Postal Address:
Postcode: Country:

Are you an IBCLC? **Yes** **No** If not, do you have significant experience helping mothers and babies with breastfeeding? _____

How long have you known the applicant? _____

Are you directly familiar with the applicant's work? **Yes** **No**

If so, do you confirm that the applicant's calculation of breastfeeding counselling hours listed in section 7 of the application form is accurate (in relation to the period relevant to you)?

Yes **No**

Have you personally observed the applicant in consultations with breastfeeding mothers and babies? **Yes** **No**

How would you rate the applicant's clinical skills in lactation based on your observation?

Excellent **Very Good** **Good** **Satisfactory** **Inadequate**

Please comment _____

How would you rate the applicant's counselling and interpersonal skills?

Excellent **Very Good** **Good** **Satisfactory** **Inadequate**

Please comment _____

In your judgment, is the applicant a person of sound character, who would be suitable to practise as a lactation consultant? **Yes** **No**

Please comment _____

Do you recommend the applicant, if successful in the exam, for certification as a lactation consultant? **Yes** **No**

If you have any reservations, please note them here _____

If you have any other information you would like us to know about the applicant, please note it here. _____

To the best of my knowledge, the information I have provided above is complete and accurate.

Referee's signature _____ Date _____