**SENR – Practitioner Application Reference Form**

**Please return two completed reference forms as part of your application.**

You have been asked to complete this reference form as the person who has given you this form is applying for Practitioner registration on the Sport and Exercise Nutrition Register (SENR). Further details about SENR can be found at www.bda.uk.com.

A practice-based reference needs to be completed by a supervisor, colleague or client who is not a relative of the applicant and can speak to the SEN services provided by the applicant.

**Applicant Details**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Profession |  |

**Referee Details**

|  |  |
| --- | --- |
| Name |  |
| Profession |  |
| Name of Regulatory Body  (if applicable) |  |
| Registration Number  (if applicable) |  |
| Address |  |
| Telephone number |  |
| E-mail address |  |
| Please state the capacity in which you know the applicant |  |
| How many years have you known the applicant? |  |
| Please add brief comments in support of this application. | |
|  | |

**I can confirm that the above information is correct and know no reason why the applicant cannot be accepted onto the Sport and Exercise Nutrition Register.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature (an electronic signature will be acceptable) |  | Date |  |

**Please return this form to the applicant**