



CANADIAN ASSESSMENT, VOCATIONAL EVALUATION AND WORK ADJUSTMENT SOCIETY
CAVEWAS

**Canadian Assessment, Vocational Evaluation
and Work Adjustment Society**
CAVEWAS

**Registered Vocational Professional (RVP)
Designation**

Reference Forms (Updated Mar 06)



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**Canadian Association of Rehabilitation Professionals
Assessment, Vocational Evaluation and Work Adjustment Society
Registered Vocational Professional (RVP)**

Reference Forms

The person referred to below has applied for the Registered Vocational Professional (RVP) designation granted by the Canadian Association of Rehabilitation Professionals Assessment, Vocational Evaluation and Work Adjustment Society. Completion of this form will provide the National Registration Review Committee with information required to assess the applicant's eligibility for registration.

Name of Applicant: _____

Person Giving Reference: _____

Business Title: _____

Name of Company: _____

Do you have the Registered Vocational Professional (RVP) designation? Yes No

Do you have the Certified Vocational Evaluator (CVE) designation? Yes No
If yes, please add your CVE number: _____

Do you have the Canadian Certified Rehabilitation Counsellor (CCRC) Designation? Yes No

Do you have the Registered Rehabilitation Professional (RRP) Designation? Yes No

Do you have another Vocational Services Designation? Yes No
If yes, please advise name and registration number: _____

How long have you known the applicant in a professional capacity?

From: _____
Month Year

To: _____
Month Year

Relationship to RVP applicant:

Supervisor Employer Colleague Other : _____

References from immediate family members, someone employed or supervised directly by the applicant (i.e., subordinate) or someone receiving services from the applicant are not acceptable.

Note: There are three (3) pages to complete. A lined page has been added for your convenience (behind the information sheet) in the event there is need for additional space.

Please describe the applicant's employment responsibilities during the period mentioned above or attach a job description.

Please indicate the categories under which you have observed the applicant engaged in delivering vocational services:

- Vocational Evaluation/Community Based Evaluation/Assessment
- Work Adjustment Services
- Job Placement/Job Readiness Training
- Employment Planning
- Director/Manager/Supervisor of Vocational/Employment Services
- Career Counselling/Vocational Counselling
- Employment Specialist/Counsellor
- Supported Employment Coordinator

Please comment on the applicant's ability to provide the services referred to above as well as the person's technical skills, demonstrated respect for persons with a disability/disadvantage, ethical standards, and/or other skills relevant to the vocational/R.T.W. process.
