## Reference Form

**By completing this reference you are consenting to the information being shared with the applicant.**

|  |  |
| --- | --- |
| **Applicant’s name** |  |
| **Position applied for** |  |

|  |  |
| --- | --- |
| **How do you know the applicant?** |  |
| **How long have you known the applicant?** |  |
| **Have you had contact with the applicant in the last 6 months?** |  |
| **Please comment on the applicant’s professional conduct.** |  |
| **Please comment on the applicant’s suitability to work with children and/or adults at risk.** |  |
| **Would you employ/re-employ the applicant?**  **Please give reasons for your answer.** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate the applicant on the following (tick one box for each statement)** | | | | | |
|  | **Poor** | **Average** | **Good** | **Very Good** | **Excellent** |
| **Responsibility** |  |  |  |  |  |
| **Maturity** |  |  |  |  |  |
| **Integrity** |  |  |  |  |  |
| **Dignity** |  |  |  |  |  |
| **Respect** |  |  |  |  |  |
| **Trustworthiness** |  |  |  |  |  |
| **Reliability** |  |  |  |  |  |
| **Honesty** |  |  |  |  |  |
| **If you have marked any of the criteria as poor please give reasons.** |  | | | | |

|  |  |
| --- | --- |
| **Please complete your personal information below.** | |
| **Signed** |  |
| **Date** |  |
| **Print name** |  |
| **Position** |  |
| **Organisation** |  |
| **Contact number** |  |
| **Email** |  |