

## Referral Form

By completing this reference you consent to the information being shared with the applicant.

<b>Applicant's name</b>	
<b>Position applied for</b>	

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	