

Reference Form

RC01

kelelee Delalis		
Name:		Job Title:
Contact Number:		Company:
In what capacity did you know the applicant?		
APPLICANT DETAILS		
First Name:		Surname:
Job Title:		Company:
Dates employed from:		Dates employed to:
Reason for leaving:		
Would you re-employ this person? YES	S NO	
If no, please provide details:		

SECTION 1

HOW WOULD YOU ASSESS THE FOLLOWING?

Please tick relevant boxes (Excellent, Good, Poor)

	Excellent	Good	Average	Poor
Ability to follow care plans				
Reliability, time k eeping,attendance				
Character				
Attitude				
Ability to ensure dignity is upheld				
Communication				
Relationships with colleagues				
Ability to work under own initiative				

SECTION 2

Please answer the following questions		
Has the applicant been subject to any disciplinary action?	YES	NO
If yes, please provide details:		
Are you aware of the applicants involvement in any safeguarding investigations? (previous or current)	YES	NO
If yes please provide details		
Are you aware of any reasons why the applicant should not be employed to work with children or vulnerable people?	YES	NO
If yes, please provide details:		
To the best of your knowledge, has the applicant been convicted or cautioned of a criminal offence*?	YES	NO
If yes, please provide details:		
*Due to the nature of care work, all spent convictions must be disclosed (Rehabilitation of offenders act 197	74)	
Additional comments:		
PLEASE CONFIRM: I can confirm that all the details provided are accurate at the time was completed. I understand that the applicant has the legal right to request a copy		
Full Name: Position:		
Signature: Date:		
We always ensure that our candidates undergo our rigorous recruitment process prior to any work being off	fered to them. The	erefore,

the more rapid the response is - the faster we can assess the candidate and allow them to start working.