**Employment Reference Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant: |  |  |  |
|  | ✓ |  |  |
| How do you know the applicant? | 🞎 | I am their previous employer / line manager |  |
|  |  | What was their position? |  |
|  |  |   |  |
|  |  |  |  |
|  | 🞎 | Former colleague |  |
|  | 🞎 | I am their Doctor |  |
|  | 🞎 | Other (Family members are not acceptable) |  |
|  |  | Please state: |  |  |
|  |  | COMMENTS: |  |
| If employer, please confirm dates of employment: |  |  | to |  |  |
|  |  |  |  |
| How long have you known the applicant? |  |  |  |
| Why did the applicant leave your employment? |  |  |  |
|  | ✓ |  |  |
| How well do you believe that the applicant would be  | 🞎 | They would have no problems |  |
| able to carry out the tasks listed in the job description? | 🞎 | With training |  |
|  | 🞎 | With support |  |
|  | 🞎 | With some difficulty |  |
|  | 🞎 | They are not suitable for this kind of work |  |
|  |  | COMMENTS: |  |
|  |  |  |  |
|  | ✓ |  |  |
| Are you aware of any reason why the applicant should  | 🞎 | Yes |  |
| not be involved in the care of vulnerable adults and/or | 🞎 | No |  |
| children, such as a current drug addiction, poor | 🞎 | I am not sure |  |
| interpersonal skills, criminal activity or personal |  | COMMENTS: |  |
| circumstances? |  |  |  |
|  | ✓ |  |
| Subject to a suitable vacancy and policy permitting  | 🞎 | Yes |
| would you re-employ the applicant? | 🞎 | No |
|  |  | COMMENTS: |
|  | ✓ |  |
| During the course of his/her employment did you have  | 🞎 | Yes |
| any reason to doubt the applicant’s honesty? | 🞎 | No |
|  | 🞎 | I am not sure |
|  |  | COMMENTS: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please give your assessment of applicant’s  |  |  | ✓ |  |  |
| performance (tick appropriate boxes): | Excellent | Good | Satisfactory | Less than satisfactory | Poor | COMMENTS: |
|  |  |  |  |  |  |  |
| Quality of work |  |  |  |  |  |  |
| Positive attitude to clients/public/other staff |   |  |  |  |  |  |
| Relationship with colleagues |   |  |  |  |  |  |
| Communication skills |   |  |  |  |  |  |
| Attendance |   |  |  |  |  |  |
| Reliability |   |  |  |  |  |  |
| Timekeeping |   |  |  |  |  |  |
| Working unsupervised |   |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | ✓ |  |
| Has the applicant been the subject of any disciplinary  | 🞎 | Yes |
| action or had concerns raised about their performance? | 🞎 | No |
|  | 🞎 | I am not sure |
|  |  | COMMENTS: |
|  |  |  |  |  |  |
| How many days of unscheduled absence has the  |  |  | days over |  | periods of absence |
| applicant had from work in the last two years, |  | COMMENTS: |  |  |
| i.e. through ill health, compassionate leave or |  |  |  |  |
| unauthorised absence? |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Has the applicant ever been responsible for finances and/or handling cash? |  | COMMENTS: |  |  |
| **GENERAL STATEMENT**Please comment on your previous contact with the applicant and anyother comments on their suitability for this post**(Please include a stamp or a company letterhead / compliment slip)** |
| Referees Name: |  |
| Job Title:(if known through a professional capacity) |  |
| Organisation(if known through a professional capacity) |  |
| If necessary may we telephone you to discuss any of the information contained in this form?Telephone No: |  |
| Date: |  |
| Signature: |  |