**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 any  other 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: |  | | | | | | |