

REFERENCE REQUEST FORM – Schools

*Please answer all the following questions as fully as possible, continuing on a separate page if necessary.*

*Personal referees please complete Section B only*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Applicant:** | | | | | | | | **Position applied for:** | | | | | |
| Section A: Employers Section ONLY | | | | | | | |  | | | | | |
| **Your Name:** | | | | | | | | **Please state the capacity in which the applicant is known to you.** | | | | | |
| 1. Employment Details: | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | |
| Job Title: | | | | | | | | Department/Section: | | | | | |
| Dates of Employment: | | | | From | | | | | | | To: | | |
| For existing Local Government Employees please provide the continuous service date: | | | | | | | | | | | | | |
| Main Duties and responsibilities: | | | | | | | | | | | | | |
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| **2. Assessment:** Please give your assessment of the candidate’s abilities below; by ticking the most appropriate box, a space is provided for additional comments should you require it. | | | | | | | | | | | | | |
|  | **Excellent** | **Good** | | | **Satisfactory** | | | | **Poor** | **N/A** | | **Comments** |
| Time Keeping  /Punctuality |  |  | | |  | | | |  |  | |  |
| Attendance |  |  | | |  | | | |  |  | |  |
| / Honesty/  Trustworthiness |  |  | | |  | | | |  |  | |  |
| Quality of Work |  |  | | |  | | | |  |  | |  |
| Quantity of Work |  |  | | |  | | | |  |  | |  |
| Attitude towards work/ Application to job /Reliability |  |  | | |  | | | |  |  | |  |
| Ability to work without supervision |  |  | | |  | | | |  |  | |  |
| Professional knowledge  Skills/abilities |  |  | | |  | | | |  |  | |  |
| Managerial style/ ability/experience |  |  | | |  | | | |  |  | |  |
| Team Working/ Relations with Others |  |  | | |  | | | |  |  | |  |
| 3. Additional: If you answer NO to question a) or YES) to question b) and d), please provide additional details. If more space is required, please use the space over the page | | | | | | | | | | | | | |
| a) Would you re-employ? | | | | Yes | | No | (If No, please provide further information) | | | | | | |
| b) Are you aware of any reason the candidate should not be employed? | | | | Yes | | No | (If Yes, please provide further information) | | | | | | |
| b) Has this person ever been subject to investigation or disciplinary action during their employment with you? | | | Yes | | | No | If Yes, please attach a statement of:a. the reason(s) for investigation or disciplinary actionb. when the investigation or disciplinary action occurred. c. what the outcome was and what disciplinary sanctions were applied (if any)  d. any other relevant details | | | | | | |
| c) Are there any allegations or investigations pending against this person? | | | Yes | | | No | If Yes, please provide details | | | | | | |
| d) Are there any reasons why this person may not be suitable for a post in a setting where they may come into contact with children, young people, or vulnerable adults? | | | Yes | | | No | If Yes, please provide details | | | | | | |
| e) Have any allegations or concerns been raised about this person, which relate to either the safety or welfare of children, young people or vulnerable adults or the persons behaviour towards children, young people, or vulnerable adults? | | | Yes | | | No | If Yes, please provide details | | | | | | |
| Why did this candidate leave your employment? | | | | | | | | | | | | | |
| Section B: Employer and Personal RefereesPlease list the candidate’s main strengths and weaknesses | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| * Please state your opinion of the applicant's suitability for this position. You should include the candidate’s current knowledge compared to that required for this post, personal attributes, and potential to develop in this role. Please refer to the job accountabilities/description | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signed: Date: | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Please state the capacity in which the applicant is known to you / relationship: | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | | | | |
| Position: Tel No: | | | | | | | | | | | | | |

**Thank you for taking the time to complete this reference.**