

**Employment Reference Request Form**

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| **Applicant’s name:**  **Insert Name here** | **Position applied for:**  **Health Care Assistant** |

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| The above-named person has applied to work at Lifeline Care Services and has given your name as a referee in accordance with the protection of vulnerable adult’s policy.  I would be grateful if you could comment on his/her suitability for the position. Any information provided will remain confidential. |

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| Does/did the applicant work for your Company? | | | Yes  No | | |
| If yes, please give the applicant’s starting and leaving dates (if applicable) | | | Start date:  Leaving date: | | |
| What is/was the applicant’s job title at your Company? | | | Job Title: | | |
| What are/were the applicant’s main job duties? | | |  | | |
| What is your assessment of the following elements in relation to the applicant? | | | | | |
|  | Excellent | Good | | Fair | Poor |
| Quality of work |  |  | |  |  |
| Quantity of work |  |  | |  |  |
| Dedication to the job |  |  | |  |  |
| Ability to work without supervision |  |  | |  |  |
| Working relationships |  |  | |  |  |

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| Do/did you find the applicant to be honest and trustworthy? | Yes  No |
| Do/did you find the applicant to be reliable in carrying out his/her duties? | Yes  No |
| Is/was the applicant’s time-keeping satisfactory? | Yes  No |
| Does/did the applicant have any disciplinary warnings during his/her last 12 months’ employment with your Company? If so, please comment, if possible, on the nature of these warnings: | Yes  No |
| How many days absence from work has the applicant had during his/her last 12 months employment with your Company? | days |
| What was the applicant’s reason for leaving your Company? (if applicable) |  |
| Do you think the applicant would be a suitable person to perform the job described above?  Any further comments? | Yes No |

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| Do you have any further comments to make as regards the applicant’s suitability for employment as described by the job description? |

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| Any information provided will be treated in the strictest confidence.  Thank you for your assistance. |

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| Signed: | Date: |
| Print Name: | Role:  Organisation: |