



Employment Reference Request Form

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.

Does/did the applicant work for your Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
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				

Do/did you find the applicant to be honest and trustworthy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do/did you find the applicant to be reliable in carrying out his/her duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is/was the applicant's time-keeping satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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

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

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

Signed:	Date:
Print Name:	Role: Organisation: