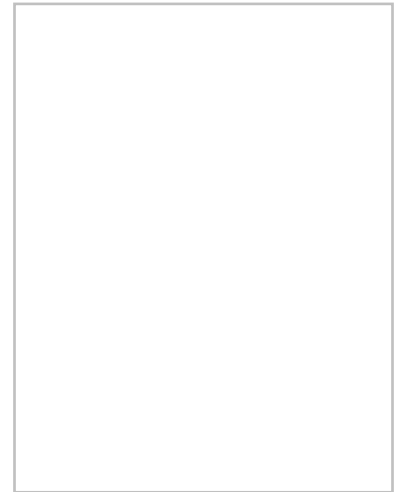




Caring Arms Together Reference Form

Applicant Full Name with the title :

Mr _____



Dear Referee Ms

We have been given permission by above mentioned Applicant (shown in the Picture) to approach you for a reference for a Care Assistant job. We would be very grateful if you could answer the following questions and return this form to us.

In what capacity do you know Applicant? (Referee has to be a professional person. We do not accept friend or family (e.g. Manager, Supervisor, Director, HR officer, Line Manager, Neighbor, Customer, Colleague, Landlord, Acquaintance or Social Interaction

How long do you know the applicant or how long did the applicant work for your company or you? (Date or number of years and months)

From: _____ To: _____

If you are the applicant's employer, manager or applicant who worked for you, what was the reason for leaving the employment?

Has the candidate been the subject of any substantiated disciplinary action whilst in your organisation's employment? (if applicant never work for you, please tick N/A)

Yes No N/A

To the best of your knowledge, does the candidate have any criminal convictions?

Yes No not sure

Have you or anyone ever had cause for concern over the candidate's behaviour or judgement?

Yes No not sure

Would you recommend this person for employment within Social care (providing personal care, housekeeping, supporting elderly, vulnerable adults and children at their own homes)

Yes No

How would you rate this person for? (Please use the boxes to reply or click in the box)

Timekeeping	<input type="text"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> not
Honesty & Integrity	<input type="text"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> known
Effort & Attitude	<input type="text"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> not known
Reliability	<input type="text"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> known
Flexibility	<input type="text"/>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> not known

Add other comments you think might be relevant and useful in our decision regarding the candidate: You can call us on the numbers below if you want to tell us something.

I confirm that the reference I have given above is true to my knowledge.

(The below information is compulsory to fill, We will not accept this reference if any box is left blank.)

Referee's Name	<input type="text"/>	Position at work	<input type="text"/>
Work - place Name	<input type="text"/>	Work - place address	<input type="text"/>
Work Landline Number	<input type="text"/>	Mobile No.	<input type="text"/>

Important Note for Referee: Above details may be checked to confirm authenticity. We do not accept if the reference is not completely filled. We request you to answer all the questions. All the parts of this reference are mandatory.

Signature: (Please type the name if you are filing online)

Date:

Please attach company complimentary slip / attach business card / attach any other proof to confirm your ID / attach any other proof to confirm your occupation or your work place address.
DO NOT Attach any Passport or Driving License

If you are not an employer of the applicant, and do not have the above evidence

You may update your workplace name and workplace landline number we can contact your workplace on the landline to confirm your existence



Caring Arms Together

Reference Form

For Office use only. Please confirm the reference authenticity here. If referee has left any box blank, please question referee and write here.

Verified By

Signature

Date