



STRICTLY CONFIDENTIAL: REFERENCE REQUEST FORM

1. APPLICANT'S NAME AND POSITION APPLIED FOR		
Request for reference in respect of:		
Post applied for:		
2. APPLICANT DETAILS & POSITION WITH YOUR ORGANISATION		
a) In what capacity did you employ the applicant?		
b) Dates of the applicant's employment with you:	From	To
(MONTH/YEAR)		
c) How long have you known the applicant?		
d) In what capacity do you know the applicant?		
e) Main duties and responsibilities of applicant's role with your organisation:		
f) How would you assess the applicant's performance in their work with your organisation? <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory Comment: <input type="checkbox"/> Requires improvement <input type="checkbox"/> Very poor		
g) Please provide details of any areas needing improvement and any action taken or support provided:		
h) Why did/does the applicant leave/wish to leave your organisation?		
3. ABSENCE <small>[NOT SICKNESS-RELATED: E.G. FOR PERSONAL MATTERS OR UNATTRIBUTED REASONS]</small> <small>[The Equality Act 2010 prohibits prospective employers from asking about a candidate's health, sickness record or health-related matters prior to making an offer of employment]</small>		
Please give details of absences unrelated to sickness in the applicant's most recent two years of employment with you:		
a) How many <u>days</u> of absence from work did they take in total?		
DAYS / DETAILS		
b) How many <u>episodes</u> of absence did they have?		
PERIODS / DETAILS		
4. SALARY & SERVICE		
Most recent salary scale		Additional payments type
Most recent scale point		Additional payments value
Most recent gross annual salary		Length of continuous service
5. SUITABILITY FOR THE POST APPLIED FOR <small>[PLEASE REFER TO ATTACHED JOB DESCRIPTION IF SUPPLIED]</small>		
Do you believe the applicant has the ability and is suitable to undertake the position applied for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you re-employ the applicant? (If No, please give reason briefly)		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. SAFEGUARDING, TRUST, CAPABILITY & DISCIPLINE [YOU HAVE A LEGAL DUTY TO ENSURE THAT ALL INFORMATION YOU PROVIDE IS COMPLETE & ACCURATE]

- a) Has the applicant ever been the subject of any child protection, safeguarding or welfare allegations, concerns or investigations? If Yes please give full details including outcomes, even if concerns were fully resolved. Yes No
- b) Do you know of, or have reasonable grounds to suspect, any reason why the applicant may not be suitable to work with children? If Yes, please provide details. Yes No
- c) Did the applicant hold any position of special trust or responsibility? If Yes, please give details. Yes No
- d) Has the applicant ever been the subject of any disciplinary or capability actions (including any which are "expired") or are they subject to any investigation or disciplinary process that is still current? If Yes please give details. Yes No

7. PERSONAL EVALUATION	OUTSTANDING	GOOD	ADEQUATE	INADEQUATE	VERY POOR
Plans, structures and prioritises own work					
Learns from situations and past experience					
Able to work on own initiative					
Attention to detail					
Works hard to achieve objectives and goals					
Resilience under pressure					
Interaction and relationships with children					
Interaction and working relationships with other adults					
Ability to work as a member of a team					
Actively seeks solutions to problems independently					
Refers problems upwards when appropriate					
Seeks ideas for improvement					
Focuses on benefits to both self and others					
Professional and personal values, integrity & honesty					
Punctuality and commitment					

8. TEACHING POSTS ONLY	OUTSTANDING	GOOD	ADEQUATE	INADEQUATE	VERY POOR
Teaching ability (with reference to Teachers' Standards)					
Lesson planning & preparation					
Classroom & behaviour management					
Initiative and leadership					
Interest & willingness to undertake extra-curricular activities					
Subject leadership					

9. ADDITIONAL COMMENTS

10. DETAILS OF THE PERSON COMPLETING THE FORM

Name: _____

Position: _____

Organisation: _____

Tel No: _____

Signed: _____

Email: _____

Date: _____

Please use clearly marked continuation sheets if necessary. Thank you very much for your prompt help and cooperation.

EXAMPLE