## C8. Reference request form (employees)

for paid workers with children or adults at risk

**Private and Confidential.**

REFERENCE FOR (name):

ROLE CONSIDERED FOR:

Your name:

Your Occupation:

How long have you known this person?

In what capacity do you know this person?

**Do you have any reason to be concerned about this person being in close contact with or having responsibility for *children/young people/adults at risk* \*?**

**Yes 🞏 No 🞏 (please tick)**

If you have answered yes, we will contact you for further details

**What, in your view makes them suitable for this role/post (Job/Role Description attached)?**

**Is there anything about them that would make them less suitable for some aspects of this role?**

**How would you describe their personality and motivation for working with *children/young people/adults at risk* \*?**

*\* Children/young people/adults at risk - delete as appropriate*

**Please rate the person on the following:**

|  | **Poor** | **Average** | **Good** | **Very Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |
| **Responsibility** |  |  |  |  |  |
| **Reliability** |  |  |  |  |  |
| **Self-Control** |  |  |  |  |  |
| **Commitment** |  |  |  |  |  |
| **Trustworthiness** |  |  |  |  |  |
| **Understanding/Empathy** |  |  |  |  |  |
| **Awareness of Risk** |  |  |  |  |  |
| **Practicality** |  |  |  |  |  |
| **Patience** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*You may wish to add further relevant criteria*

Signed Date

Name

Address

Phone number Email

Thank you for providing this information. We may need to contact you to confirm that you have written this reference.