

REFERENCE FORM

NAOMI CARE AGENCY

80 John Davis Way, Watlington, Kings Lynn, Norfolk. PE33 0TD

Tel: 07903 703678 Mob: 07808024422 | 07547903498

E-mail: info@naomicareagency.co.uk

Date:

To:.....

Company & Address:.....

..... Tel:.....

Email:.....

Re:..... Position Applied For: Care Support Worker

The above applicant has requested to join our agency. It is the policy of Naomi Care Agency to place only applicants with satisfactory references. We would be most grateful if you could provide us with the following information.

Qualifications: _____

Date of Employment from: _____ To: _____

Post held whilst under your employment: _____

Reason for leaving: _____

Would you re-employ this person: **Yes or No**

How would you assess the candidate's performance in relation to the following?

CRITERIA:	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
Honesty/Trustworthiness				
Conduct				
Time Keeping				
Attitude towards work				
Ability to work without supervision				
Professionalism				
Accepting Responsibility				
Verbal communication				
Grooming/Appearance				

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Do you know of any reason why we should not employ this person? **Yes or No**
(If yes, please give details)

Are there any current disciplinary records? **Yes or No**
(If yes, please give details)

Please give an overall view on the candidate's attributes and abilities:

Subject to the Rehabilitation of Offenders Act (1974) Exemption Order (1957). It is not therefore contrary to the act to reveal information you may possess concerning convictions, which otherwise be regarded as 'spent'. To the best of your knowledge, are you aware of any criminal convictions? **Yes or No**
(If yes, please give details)

Name (BLOCK LETTERS): _____

Position: _____

Signature: _____ Date: _____

Kindly attach a letterhead or complimentary slip or place your rubber stamp in the space below to validate this reference.

Thank you.

Yours Sincerely,

Recruitment Officer

Official Stamp