

CONFIDENTIAL

Re: _____ (Applicant Name)

Name of Referee: _____

Address of Referee: _____

Dear Sir or Madam:

The above named person has applied to our organisation for the post of **Care Worker** and has named you as one of their referees. The applicant has agreed that we may approach you in order to obtain a reference and I would be grateful if you would let me have your comments as to his/her suitability for this type of work by completing the attached reference form.

In order to protect the public this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and falls within the exceptions covered by the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975; this means that you may mention anything you know regarding any convictions the applicant may have, any such information will be kept in the strictest confidence and used only in consideration for this person where such an exemption is appropriate.

For Employer/Tutor

When returning the completed reference could you please ensure that you stamp your Company's/College's name and address on the reference form in the box on the last page. If that is not possible could you please return the reference form with an accompanying letter (with your Company's/College's name and address – either a Letterhead or a Compliment Slip) indicating that the applicant is a former or current Employee/Student.

I know that everyone asking for a reference says this but a speedy reply would be most appreciated as employment **cannot** commence until references have been received. I am enclosing a stamped addressed envelope for your reply or kindly sign and send the completed form via fax (0208 317 1700) or by scanning it and emailing it back to: info@capitalhomecareltd.co.uk. **Please return this page along with the reference form.**

Thank you for your help.

Yours faithfully,



Shadwick Kens
Business Manager

Domiciliary Care Agency

Capital Homecare UK Limited is a Private Limited Company No. 07469685
Registered with the Care Quality Commission (ID: 1-699256134)



Applicant: _____

Referee: _____

In what capacity do you know the applicant?

- Volunteer worker
- Part-Time worker
- Permanent member of staff
- Student
- Friend/Colleague

How long have you known the applicant?

- Less than years
- 1 – 3 Years
- 3 – 5 Years
- 5 – 10 Years
- Over 10 years

Was He/She employed by your organization?

- Yes
- No
- Not Applicable

If He/She was employed by your organisation, what was their sickness and timekeeping record?

- Very Good
- Fairly Good
- Fairly Poor
- Very Poor
- Not Applicable

Do you know whether the applicant was Police cleared?

- Yes
- No
- Not Applicable

Do you consider him/her honest and trustworthy?

- Yes
- No

If No could you please explain why: _____

Do you think he/she has a friendly and caring attitude?

- Yes
- No

Has he/she got the capacity and the energy to cope with stressful situations?

- Yes
- No

Please indicate by ticking the boxes your preferred option

CONDUCT

- Very Good
- Fairly Good
- Satisfactory
- Poor
- Very Poor
- Not Applicable

PUNCTUALITY

- Very Good
- Fairly Good
- Satisfactory
- Poor
- Very Poor
- Not Applicable

How well did this employee work on His/Her own initiative?

- Excellently
- Fairly Good
- Satisfactorily
- Fairly Poor
- Very Poorly
- Not Applicable

How well did this employee relate to work designated by Supervisors, Managers, etc...?

- Excellently
- Fairly Good
- Satisfactorily
- Fairly Poor
- Very Poorly
- Not Applicable

How well did this employee carry out His/Her duties at work?

- Excellently
- Fairly Good
- Satisfactorily
- Fairly Poor
- Very Poorly
- Not Applicable

How well did this employee work as part of a team?

- Excellently
- Fairly Good
- Satisfactorily
- Fairly Poor
- Very Poorly
- Not Applicable

How well did this employee adapt to change?

- Excellently
- Fairly Good
- Satisfactorily
- Fairly Poor
- Very Poorly
- Not Applicable

Would you re-employ this applicant?

- Yes
- No
- Not Applicable

General Comments: _____

STAMP IF EMPLOYER

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

