

CONFIDENTIAL
WORCESTERSHIRE COUNTY COUNCIL

RISK ASSESSMENT: PERSONAL REFERENCE REQUEST

NAME OF APPLICANT:		DOB OF APPLICANT:	
NAME OF REFEREE:			
PERSONAL DETAILS:			
CAPACITY IN WHICH APPLICANT IS/WAS KNOWN TO YOU:			
LENGTH OF TIME YOU HAVE KNOWN THIS APPLICANT:			
DO YOU CONSIDER THE APPLICANT TO BE: (please ✓)	VERY	GENERALLY	NOT AT ALL
Reliable			
Punctual/Good Timekeeper			
Trustworthy			
Self-Motivated/Shows Initiative			
Able to Meet Objectives/Deadlines			
Able to work well with others			
COMMENTS REGARDING THE ABOVE ASSESSMENT, IF APPLICABLE:			
EMPLOYMENT DETAILS:			
CURRENT POSITION HELD BY APPLICANT, IF KNOWN:			
NAME OF ORGANISATION FOR WHOM APPLICANT WORKS, IF KNOWN:			
LENGTH OF TIME EMPLOYED BY THIS ORGANISATION, IF KNOWN:			
VIEWS ON APPLICANTS ATTITUDE TOWARDS: (please ✓)	GOOD	SATISFACTORY	ROOM FOR IMPROVEMENT
Managers/Supervisors			
Colleagues			
Clients/Service Users/Customers			

PLEASE INCLUDE ANY KNOWLEDGE YOU MAY HAVE OF THIS APPLICANT'S SKILLS AND EXPERIENCE WHICH YOU FEEL WOULD BE HELPFUL IN THIS POST.

OTHER COMMENTS WHICH YOU FEEL WOULD BE HELPFUL OR RELEVANT

AS THIS POST WILL INVOLVE WORKING WITH CHILDREN / ADULTS, PLEASE INDICATE WHETHER YOU KNOW OF ANY IMPEDIMENT TO THIS APPLICANT BEING EMPLOYED IN A SITUATION WITH RESPONSIBILITY FOR THE CARE OF, OR SUBSTANTIAL ACCESS TO CHILDREN / ADULTS:

DO YOU KNOW OF ANY REASON WHY THIS APPLICANT SHOULD NOT BE CONTRACTED INTO THIS POST? YES / NO IF YES, PLEASE GIVE DETAILS:

SIGNED:

DATE:

NAME:

Thank you for taking the time to complete these details. If you would like to make any other comments, please attach a separate sheet.