



## CONFIDENTIAL REFERENCE FORM

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The above named candidate has applied to undertake volunteer work with children/young people/vulnerable adults in \_\_\_\_\_ parish, and has nominated you as a referee. On the basis of your knowledge and experience of this person, could you please provide the following information:

1. How long have you known the candidate? \_\_\_\_\_
2. In what capacity do you know him/her? \_\_\_\_\_
3. Do you consider the applicant to be suitable to work with children and/or vulnerable adults? Yes  No
4. Are there any reasons, you are aware of, which would render this person unsuitable to work with children and/or vulnerable adults? Yes  No

If "Yes" please indicate reasons:

\_\_\_\_\_  
\_\_\_\_\_

5. Please list any qualities you feel would make this candidate suitable to work with children and/or vulnerable adults in a parish or diocesan setting:

\_\_\_\_\_  
\_\_\_\_\_

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Name of Referee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_