Reference Request Form Safeguarding Great Britain Wheelchair Rugby

Reliability



REFERENCE REQUEST FORM								
SAFEGUARDING								
Confidential								
Name:								
Position applied for:								
The above person has expressed an interest in working with Great Britain Wheelchair Rugby. The post involves substantial access to children and adults at risk. As an organisation committed to the welfard and protection of children and adults, we are anxious to know if they are suitable for the job, and the it there is any reason to be concerned about this person being in contact with children or adults who may have a range of disabilities and/or communication and learning differences. If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if he/she is offered the post. We would appreciate you being extremely candid, open and honest in your evaluation of this person. We may contact you to discuss your answers if necessary.								
How long have you known this person?								
In what capacity?								
What attributes does the person have that would make them suited to this work? Please rate this person on the following criteria (✓one box only for each attribute)								
	Poor	Average	Good	Very	Excellent	Please add any comments		
	1 001	Average	Good	Good	Execution	(optional)		
Responsibility								
Maturity								
Self-Motivation								
Motivates								
others								
Team skills								
Trustworthiness								

This post involves substantial access to children and adults with a range of disabilities. Do you have any reason at all to be concerned about this applicant being in contact with children or adults at risk?

State Yes or No:	If you have answered yes, we will contact you in confidence.
	LOTTERY SPORT ENGLAND
	FUNDED Y ENGLAND

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Reference Request Form Safeguarding

Great Britain Wheelchair Rugby



Signed	Date
Print Name	
Position	Organisation/Relationship to Applicant
Telephone Number(s): Day	Evening

Thank you. Please return this reference form in the envelope provided.



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