

# ENTERPRISE CARE SUPPORT LTD

Mitcham Parish Centre, Church Path, Mitcham, Surrey CR4 3BN  
Tel: 020 8640 8081, Fax: 020 8432 6135, Email: [info@enterprisecaresupport.org.uk](mailto:info@enterprisecaresupport.org.uk)

**Applicant's Name:**

**Post Applied for:**

**Please complete as appropriate either 1A, 1B or 1C below**

## **1A REFERENCE FROM CURRENT / PREVIOUS EMPLOYER**

In what capacity do/did you know the applicant? .....

During which dates did you employ the applicant:      From:                                      To:

Does the applicant have any disciplinary warnings on file, and if so please provide brief details:  
.....

How would rate the applicant's performance in respect of absence and time-keeping?  
.....

Please give details of sick leave taken in the last 12 months:  
.....

## **1B SCHOOL/COLLEGE/UNIVERSITY**

If the applicant was a student at your school, college or university, please give the dates during which the applicant was studying:                                      From:                                      To:

Course Title: .....

## **1C PROFESSIONAL REFERENCE: GP/SOLICITOR/POLICE/MAGISTRATE/MP**

For how long have you known the applicant?                                      From:                                      To:

In what capacity? .....

**Please complete Question 2 only if you are providing an employer's reference**

**2.**      How was/will the employment terminated? Please delete as appropriate:

Resignation      Dismissal      Compulsory redundancy      Voluntary redundancy

Would you re-employ?                                      Yes / No

**Please complete Question 3 only if you are providing a Professional or School/College/University reference**

## **3. ABSENCE RECORD**

Number of incidences of absence/sickness in the last 12 months: ..... Total number of days: .....

Please comment on the attendance, health record and any specific mental or physical health problems or unusual behaviour.  
.....  
.....

**All referees please complete Question 4, 5, 6 and 7**

**4. ATTRIBUTE / SKILLS Please rate the applicant in terms of each of the following:**

	Excellent	Good	Fair	Poor	N/A	Comments
Quality of Work						
Punctuality/Reliability						
Ability to work under pressure						
Ability to work as part of a team						
Communication – oral						
Communication – written						
Initiative						
Honesty / Integrity						
Trustworthiness						
Attitude with colleagues						
Ability to work without supervision						

Comments may be continued on a separate sheet.

**5. Criminal Convictions**

In view of the possible vulnerable nature of the clients, this work is excluded from the operation of the Rehabilitation of Offenders Act 1974, which means you may mention any convictions the applicant has of which you are aware. To the best of your knowledge has the applicant been charged or convicted with any offence involving violence, fraud, or dishonesty or been subject of any criminal proceedings? Yes / No

.....  
 .....

**6. ANY OTHER INFORMATION OR COMMENTS WHICH YOU FEEL MAY BE USEFUL:**

.....  
 .....  
 .....

**7. DETAILS ABOUT PERSON COMPLETING THIS REFERNCE REQUEST**

Signature:.....Print name:.....

Date:.....Position: .....

Relationship to candidate: .....Tel no: .....

If you do not have an official company stamp, please enclose a complementary slip or letter head.

Your official Company Stamp