



CONFIDENTIAL REFERENCE FORM

(This form can be used as a telephone or written reference)

The following person: _____ (list name)
has expressed an interest in working with _____ (Irish Gymnastics club)
as _____ (list position)

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if they are offered the position. We appreciate you being extremely candid, open and honest in your evaluation.

HOW LONG HAVE YOU KNOWN THIS PERSON?

IN WHAT CAPACITY?

WHAT ATTRIBUTES DOES THIS PERSON HAVE THAT WOULD MAKE THEM SUITED TO THIS WORK?

Please rate this person on the following (tick one box for each statement)

	Poor	Average	Good	Very Good	Excellent
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can motivate others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This post may involve substantial access to young people. In Irish Gymnastics we are committed to the welfare and protection of young people. Would you have any reason at all to be concerned about this applicant being in contact with children and young people? Yes No

In NI have you referred this individual to the ISA list for barring? Yes No

If you have answered 'Yes' we will contact you in confidence.

Signature _____ Date _____

Print Name _____ Position _____

Club/Organisation _____