REFERENCE FORM



Sylyve Homecare Services

30, Buller Road, SS15 6BA, Laindon, Basildon, Essex. United Kingdom

Telephone: +44 7895 184445

+44 1702 412171

+44 7402 642918

Email: consult@sylyvehomecare.co.uk

https://www.sylyvehomecare.co.uk

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REFERENCE FORM

То:	Date:				
Address:					
Re:	Position Applied For:				
The above applicant has requested to join our agency. It is the policy of Sylyve Homecare Services to place only applicants with satisfactory references. We would be most grateful if you could provide us with the following information.					
Qualifications:					
Date of Employment from: To:					
Post held whilst under your employment:					
Reason for leaving:					
Would you re-employ this person: Yes or No					
How would you assess the candidate's performance in relation to the following?					
CRITERIA:	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY	
Honesty/Trustworthiness					
Conduct					
Time Keeping					
Attitude towards work					
Ability to work without supervision					
Professionalism					
Acceptance of responsibility					
Verbal communication					
Grooming and appearance					
Do you know of any reason why we should not employ this person? Yes or No					
(If yes, please give details)					

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Are there any current disciplinary records (If yes, please give details)	? Yes or No	
Please give an overall view on the candidat	e's attributes and abilities:	
	Act (1974) Exemption Order (1957). It is not therefore contrary to ess concerning convictions, which otherwise be regarded as 'spent'. are of any criminal convictions? Yes or No	
Name (BLOCK LETTERS):	Position:	
Signature:	Date:	
Kindly attach a letterhead or complimentation this reference.	ry slip or place your rubber stamp in the space below to validate	
Thank you.		
Yours Sincerely,		
Recruitment Officer		
	Official	