

SAMPLE REFEREE QUESTIONNAIRE

Resource Code CSE2-GR

Applicant's Name:

Date of interview, or date that form was provided to the referee:

Referee's Name:

5.

(A) Strengths?

(B) Weaknesses?

Referee's Contact Details (Phone, Email):

Please answer the questions below using extra paper if necessary. Thank you for your assistance.

- 1. How long have you known the applicant?
- 2. What is your relationship to the applicant?
- 3. Please comment on the applicant's skills and characteristics making them suitable to lead/or care and take responsibility for the safety of children and young people.

- 6. How do you think the applicant would respond to working:
 (a) Under the leadership of a Team Leader?
 - (b) As a member of a team?
 - (c) With members of the opposite sex?
- 7. How strongly would you recommend this person for work with children and young people?

Not at all

- U With reservations
- Don't know/cannot say
- Carl Recommend
- □ Strongly recommend
- 8. To the best of your knowledge is there any reason the applicant would be considered <u>unsuitable</u> to work with children and young people?
- 9. Any other comments that may assist us in determining the applicant's suitability?
- 4. Please give a brief description of the applicant's personality and character.

In your view, what are the applicant's...

Referee's Signature:

Date:

PLEASE RETURN TO:

Name:

Address:

Phone:

Team Leader/Coordinator comments:

 Resource: Sample Referee Questionnaire
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