PEARLS OF WISDOM

Referee Check Form

(name of employer)

REFEREE CHECK FOR:	Date: / /20

REFEREE CHECK 1	REFEREE CHECK 2
Name - Contact No – Job Title – Organisation –	Name - Contact No – Job Title – Organisation –
1. In what capacity did you work with applicant? When? For how long?	1. In what capacity did you work with applicant? When? For how long?
2. The nature of the job requires the applicant to work independently for a person with a disability. Can you comment on the applicant's ability to use initiative and work autonomously?	2. The nature of the job requires the applicant to work independently for a person with a disability. Can you comment on the applicant's ability to use initiative and work autonomously?
3. Can you comment on how the applicant forms relationships with the person he/she supports or with co-workers if no support work experience?	3. Can you comment on how the applicant forms relationships with the person he/she supports or with co-workers if no support work experience?

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4. The applicant will work under the guidance of the person with a disability, a family member or a committed friend. Can you comment on how the applicant takes direction?	4. The applicant will work under the guidance of the person with a disability, a family member or a committed friend. Can you comment on how the applicant takes direction?
5. Can you comment on any areas where the applicant has required ongoing support? i.e. does she/he get stressed easily, anxious, handle challenging situations?	5. Can you comment on any areas where the applicant has required ongoing support? i.e. does she/he get stressed easily, anxious, handle challenging situations?
6. With such things as reliability, administrative requirements, being easily contacted – have you experienced any difficulties with the applicant?	6. With such things as reliability, administrative requirements, being easily contacted – have you experienced any difficulties with the applicant?
7. Can you comment on strengths that the applicant demonstrates?	7. Can you comment on strengths that the applicant demonstrates?
8. Would you recommend them to this position? Any other comments:	8. Would you recommend them to this position? Any other comments:

Referee Check completed by: _____ Date: _____

Relationship to the person receiving support: _____