

REFEREE REPORT FORM
FOR POSITIONS IN NON MEDICAL/DENTAL

Name and address of the Candidate:

Name	
Address	

1. How long have you known the applicant? Under what capacity?

From		To	
Capacity			

2. Please state about applicant's experience and professional standing?

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3. Do you believe the named applicant to be honest, conscientious and discreet? If no, please provide further details below. *Please tick the appropriate box.*

Yes		No	

4. General performance of the named applicant:

Please ✓ as appropriate, providing additional comments in support of the statements made	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent
Work Performance under pressure						
Reliability						
Communication skills						
Supervisory skills						
Organizational ability						
Timekeeping and management of workload						
Additional comments in support of the statements made						

5. Special attributes of the applicant and commendations of the named applicant.

Signature of the Referee:

Name of the Referee:

Designation:

Official Address:

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E mail:

Phone No:

Date: