

IRISH WATER SAFETY

Confidential Reference Form

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

The following person, _____ has expressed an interest in working with

Irish Water Safety as _____ (*name position*).

The person has nominated you to provide this reference and authorised Irish Water Safety to seek it – copy of authorisation attached.

If you are happy to complete this reference, any information will be treated with due confidentiality and in accordance with relevant legislation and guidance documents. Information will only be shared with the person conducting the assessment of the candidate's suitability for the post, if he/she is 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	V 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 involves substantial access to children. As an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children and young people. If you have answered yes, we may contact you in confidence.

By signing below I also agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.

Yes No

Signed: Date:

Print name: Position:

Organisation:

Address:

Contact No: