



LIVERPOOL ARCHDIOCESE

Liverpool Roman Catholic Archdiocesan Trustees Incorporated

(Please refer to the enclosed Role Description when completing this form & complete in **BLOCK CAPITALS** using black ink)

Role on behalf of: (Parish/Order/Organisation)

Role(s) Applied For:

Name of Applicant:

Question 1 of 7

Can the information you provide in this reference be shared with the applicant?

(Please tick)

Yes

No

Question 2 of 7

In what capacity do you know the applicant?

Question 3 of 7

How many years have you known the applicant?

Question 4 of 7

To your knowledge has the applicant any experience relevant to the Role Description?

(Please tick)

Yes

No

Question 5 of 7

On a scale of 1 to 4 (where 4 is the highest), in your opinion is the applicant (Please circle)

Caring	1 (lowest)	2	3	4 (highest)
Trustworthy	1 (lowest)	2	3	4 (highest)
Reliable	1 (lowest)	2	3	4 (highest)

Question 6 of 7

Do you consider this applicant to be suitable to work with children, young people and vulnerable adults? (Please tick)

If no, please give details.

Yes

No

Question 7 of 7

If you have any other comments or concerns regarding the suitability of this applicant for this role in the Church, please give details using the space overleaf.

PLEASE COMPLETE YOUR DETAILS

Full Name:

Signed:

Dated:

Thank you for taking the time to complete this form.

Please return to: