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**Volunteer Professional Reference Check**

**This form is for completion by a professional or academic referee who has known the applicant for no less than twelve months.**

**Name of Applicant:**

**Name of Referee:**

**Address of Referee:**

**Date:**

How long have you known the applicant?

In what capacity do you know the applicant? (Please include the name of the company or educational institution)

Briefly, what do you consider to be the applicant’s character strengths and how have they been demonstrated?  In other words, how would you describe the applicant as a person?

Insofar as you know the applicant, would you have any hesitation that he/she would be working with children and young people? (Please delete as appropriate)

No – I have no concerns

Yes - I have concerns. If yes, please explain:

Please rate him/her in the following areas (excellent/good/fair/poor):

Reliability:

Punctuality:

Communication skills:

Working as part of a team:

Thank you for completing this form – it is a key component of our child safeguarding procedures

**Please return the form FAO: Volunteer Manager, preferably by email to** [**volunteers@ministryofstories.org**](mailto:volunteers@ministryofstories.org)

**Alternatively you can return it by post to Ministry of Stories, 159 Hoxton Street, London, N1 6PJ. Please ensure the form is signed if returning by post**

Signature of referee (if returning by post)

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