**Reference Request**

|  |  |
| --- | --- |
| Role:  |  |
| Name of applicant: |  |
| How long have you known the applicant? |  |
| In what capacity? |  |
| Please comment on the applicant’s ability to fulfil the objectives listed on the attached role outline, giving specific examples where possible. |
|  |
| Is there anything else you can tell us about the applicant that would be relevant to this role? |
|  |
| Is there any reason why you feel this applicant might not be suitable for this role? |
|  |
| Your Name: | Signature: |
| Please return this form within two weeks to:Rev Christine Crabtree - revchristine@covnunmethodist.org.uk; or use the envelope provided. Thank you. |