**Reference Request**

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| --- | --- |
| 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](mailto:revchristine@covnunmethodist.org.uk); or use the envelope provided. Thank you. | |