

Please complete the details below.

Name of Applicant

Task and subject applied for

This person has made an application to undertake assessment tasks for OCR and has nominated you as a referee.

Please complete this form within 5 days of receipt and return to senior.recruitment@ocr.org.uk

Referee's Name

Referee's Position

Referee's email address

How long have you known the applicant and in what capacity?

Does the applicant:

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| 1. Communicate effectively? | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Have good time management skills? | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Show a meticulous approach? | <input type="radio"/> YES | <input type="radio"/> NO |

Please state how the applicant's qualifications, experience and knowledge are appropriate for this task.

In your opinion, has the applicant maintained his/her professional development in the specialist area for which they are applying?

YES NO

If you are the applicant's principal employer: This task requires attendance at meetings which may involve absence from work. Are you willing for the applicant to be released for meeting days?

YES NO

I certify that the information I have given is true and correct to the best of my knowledge.

Referee Name

Date