

CONFIRMATION OF TRAINING OR EDUCATION - REFERENCE FORM

Name of Applicant			
Date of Birth			
Organisation Name (e.g University, training institution, etc):			
Please confirm study dates		From: dd/mm/yyyy	To: dd/mm/yyyy
Please confirm the course on which the applicant was registered			
Please confirm the qualification(s) that the applicant achieved			
Was the applicant subject to any disciplinary or given any warnings about their conduct during the time that they were on your course?		(Please tick) Yes	(Please tick) No
If yes, please provide details:			
Are you aware of any recent or outstanding allegations which were made against the applicant that relate to any patient/public safety issues?		(Please tick) Yes	(Please tick) No
If yes, please provide details:			
Please add any comments you would like to make about the applicant's conduct, performance and suitability for the role they have applied for			
The answers given above have been provided in good faith and are correct to the best of my knowledge and belief.			
Referee Name (please write in capitals):			
Job Title:			
Signature:			Date:
Email address:		Phone No.	
NB: Please provide <u>work email address and contact number where possible</u>. If your organisation does not provide work email addresses or direct line numbers please provide best contact details and sign declaration below.			
I confirm that my employing organisation does not provide work email address or direct contact number. I have provided best contact details above.			
Signed: <input style="width: 150px; height: 20px;" type="text"/>			
Declaration Statement: <i>I hereby certify that the information I have given is true, correct and complete. I understand that failure to answer any question or giving false answer can be detrimental to my cause/application and/or can be penalized in accordance with the law.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Data Privacy Policy and Consent: <i>I voluntarily and freely consent to the collection and sharing of the above information in relation to the company's Privacy Policy and the Data Privacy Act of 2012.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: We believe that protecting our customer's data privacy is essential. View our privacy practices here: http://www.ascglobalrecruitment.com/wp-content/uploads/2019/03/ASC-Data-Privacy-Notice.pdf <i>"Your feedback is highly important to us. For enquiries regarding the quality of our services, you may send it through feedback@ascglobalrecruitment.com. Rest assured that this will be treated with the utmost confidentiality."</i>			
THANK YOU FOR TAKING THE TIME TO PROVIDE THIS INFORMATION. PLEASE ENSURE YOUR OFFICIAL DRY SEAL OR STAMP IS ADDED WHERE INDICATED. IF YOU ARE UNABLE TO PROVIDE THIS FOR ANY REASON, PLEASE ADD A WRITTEN NOTE TO THIS EFFECT IN THE BOX PROVIDED, TOGETHER WITH YOUR SIGNATURE. <small>ASCF20 1 10272021</small>		Please add dry seal/stamp here. If not available, please write short explanation and sign.	