

REFERENCE LETTER

DATE

NAME

ADDRESS (of Referee)

Mr/Ms has applied to this organisation/club for a post as a Voluntary Leader.

The duties involved include unsupervised access to young people, and we therefore take this step of ensuring the suitability of all our leaders.

As part of our recruitment policy, references are requested from people who know the applicant well enough and are not related to them, to help us with an appraisal of their suitability for the post. A *pro forma* is on the reverse of this letter. Information requested should include how long you have known the applicant, and whether you are aware of any reason why this person should not be involved in working with young people.

The aim of this organisation/club is to provide a safe environment in which to promote the Mental, Physical, Social and Spiritual Welfare of Boys, Young Men, Girls and Young Women in Scotland.

Voluntary workers are essential to the development of this and many other organisations/clubs throughout the country.

Your assistance in this matter is much appreciated.

Yours sincerely,

NAME (please print)

CLUB

POSITION HELD

CONTACT NUMBER

N.B.: See over to complete the name and address of applicant before sending.

NAME OF APPLICANT

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PRESENT ADDRESS

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1. How long have you known the above applicant?
2. Are you aware of any reason this person should **not** be working with young people? **YES / NO** (if YES, please give reasons)

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3. Any other relevant information, please detail below.

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4. Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended).
CYP Scotland is committed to the welfare and protection of children's rights and has a duty to ensure the suitability of individuals who may have substantial access to children. The position applied for is accepted from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975 as amended. Applicants are therefore not statutorily entitled to withhold information about convictions which, for other purposes, are "spent" under the provisions of that Act. The information that you supply will be dealt with confidentially and will not be used to discriminate against the applicant unfairly.

5. Please indicate your relationship to the applicant.

Friend Employee Relative Associate

6. During the period to your knowledge has the applicant changed his/her name?
YES / NO (if YES, please give details)

Signed

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NAME (BLOCK CAPITALS)

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Date

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Contact Number

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