

Character Reference

Dear:			
Address:			
Tel:		Email:	

Candidate Name:		Has given your name as a referee
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For the position of:	
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The above has applied for the post and has named you as a character referee.

I should be grateful if you would express your opinion of the suitability of the candidate for the post specified, in addition to the following specific enquiries. We would appreciate it if you did not discuss the health of the person.

Please find enclosed a copy of the Job Description and Person Specification to guide your consideration for the suitability of the candidate. Your reply will be kept in line with Data Protection Policies in line with The General Data Protection Regulations.

Please could you return the completed reference to me by using the stamped, addressed envelope or electronically secure routes by:

Email to:	hr@medicaresupport.co.uk	Email to:	hr@medicaresupport.co.uk
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Capacity in which candidate is known?	
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How long have you known the candidate?	
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Please state here your views on the person's ability to work in this role and detail why:

Referee Signature:		Date:	
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Character Reference

Privacy: Individuals have a right under the General Data Protection Regulations to see copies of references received about them. Therefore we cannot guarantee the complete confidentiality of any reference received.

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this document, you consent to holding the information contained. We are required to keep this information within the candidate's personnel file. We cannot estimate the exact time period it will be held for. When that period is over, we will delete your data.

We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by Caphas Chisangowerota and only used for the purposes of successful recruitment of the candidate. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact us.

Office use only				
Reference verified by:	Name:		Date:	
Verbal Reference Taken by:	Name:		Date:	