

SPECIAL NEEDS REFERENCE

All references must be translated into English on this form with the original attached.
Please type or write clearly on this form using **BLACK** ink.

Name of applicant: _____

Name of person providing reference: _____

Telephone: _____ **Best time to call:** _____

Street address: _____ **City/State:** _____

Postal code: _____ **Country:** _____ **E-mail:** _____

How long have you known the applicant? _____

In what capacity do you know the applicant*? (employer, friend, neighbour) _____

Dates of Care From _____ To _____	Ages of Children (when the supervision began)	Responsibilities (e.g. bathing, playing, change diapers, assisting with personal hygiene etc. Please <u>feel free to attach a separate sheet</u> of paper with further details)

Please describe the applicant's personality: _____

Why would you recommend/not recommend the applicant for placement as a Caregiver?

Signature: _____ **Date:** _____

**Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!*