



PO Box 791
Cambridge 3450

Waikato: 07 823 3397
National: 0800 323 836
Mobile: 0275 231 542
Fax: 07 856 0425

Email: admin@ececonsultants.co.nz
www.ececonsultants.co.nz

Referee Report

Referee Name: _____

Applicant Name: _____

To the Referee,

The above named applicant has applied for a position with ECE Consultants as an early childhood reliever. As a reliever in an early childhood centre, the applicant will be required to interact and care for children aged 0 to 5 in a centre based setting.

This form is one part of our process in assessing the applicant's suitability to temping in the early childhood centre. Please take your time to answer the questions to the best of your ability. If you have any concerns or would feel more comfortable speaking with us directly, we would welcome your call. Feel free to use additional paper if required. All information will be treated as strictly confidential.

How long and in what capacity do you know the applicant? _____

How would you describe the applicant's personality? _____

How does the applicant cope with pressure, or stressful situations? _____

How would you rate the applicant's level of responsibility, reliability & honesty?



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Do you have any concerns about the applicant working with young children?

Have you had the opportunity to observe the applicant working with children? If so what age, and what were your impressions of the applicants manner?

Do you think the applicant is suited to working with young children?

Any other comments: _____

How can we best contact you to verify this report: _____

Signed: _____ Date: _____

Thank you for taking the time to complete this form. We appreciate your feedback.
You can return the form to us either by post or fax, or call us for a stamped, self addressed envelope.