the



Name of Applicant

Venturer's Reference Form

Please	e giv	⁄e ar	n hon	est a	ssessment of the qualities of this candidate.			
Please	e us	e the	follo	wing	headings to:			
	Rate the applicant from 1 to 5 in the qualities below (5 being high – 1 being low)							
					this page for the written part of your reference, and make use of securely attach any additional pages if required.			
Comn	nitm	ent	/ Ent	husi	asm			
	1	2	3	4	5			
Interp	ers	onal	skill	s, ar	ability to interact with people of all ages.			
	1	2	3	4	5			
Initiat	ive							
	1	2	3	4	5			
Team	wor	k						
	1	2	3	4	5			
Stami	na /	Stic	king	Pov	ver			
	1	2	3	4	5			
Realis	sm							

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Name of Applicant		
Thank you for your help.		
Name of Referee.	Signature	
Your address	Your phone number(s)	
	For how long, and in what context, have you known the applicant?	
Please send the completed reference Jim McPherson, 17 Hilly	e to: view Crescent, SELKIRK, Sc	cottish Borders, TD7 4AY
BEF	FORE 23 rd April 2009	