



REFEREES REPORT: TEACHER/HEAD TEACHER
HERETAUNGA FREE KINDERGARTEN ASSOCIATION [INC.]

Please use a black pen and ensure that material is dark enough to copy. Use additional sheets if necessary.

This section to be completed by the applicant. When forwarding the form to the referee a stamped envelope addressed to the **Appointments Secretary, PO Box 1021, Hastings** must be included.

Name & Address of Referee:	Vacancy No.

_____	Position _____
_____	Kindergarten:
_____	Association _____
Referees contact: Ph. [] _____	

Your name has been given by _____. The information you supply will be used solely to assist in determining the applicant's suitability in relation to other applicants.

Please return the completed form in the enclosed envelope **by the date as advertised**

This section is to be completed by the referee. It is preferable, but not essential that your comments be restricted to the space provided. Please continue on a separate A4 page if necessary. Please note that the information you supply will be confidential to those persons directly involved in the appointments process. This report will not be disclosed to the applicant unless your prior consent has been given in writing.

In what capacity and for how long have you known the applicant:

PROFESSIONAL PERFORMANCE

1. Professional ability, including administration and organisation. [Indicate areas of leadership and strength]

6. Please comment on personal attributes of the applicant which you consider relevant:

Further comments:

Please indicate whether you agree to this reference being held on file for a maximum of twelve [12] months in order that it can be used with future applications to the Association for vacancies of a similar nature.
Yes [] No []

I certify that to the best of my knowledge the above information is a factual representation of the applicant and their abilities.

Signed:

Date: