

VERIFICATION AND REQUEST FOR REFERENCES

NEW APPLICANT

Name of the applicant :

1. HOW LONG HAVE YOU KNOWN THIS PERSON?

2. WHAT DO YOU KNOW OF THIS PERSON?

3. HOW IS THIS PERSON PERCEIVED BY THOSE AROUND HIM/HER?

4. IF ONE OF YOUR RELATIVES NEEDED TO BE HOUSED, WOULD YOU LET THIS PERSON CARE FOR THEM?

5. DO YOU HAVE ANY OBJECTIONS TO HAVING A CHILD OR TEENAGER ENTRUSTED TO THAT PERSON ?

6. ACCORDING TO YOUR KNOWLEDGE OF THAT PERSON, DO YOU THINK THIS PERSON WILL BE ABLE TO ASSUME THE RESPONSIBILITIES INHERENT IN MANAGING A HOSTING RESOURCE.?

7. HOW WOULD YOU DESCRIBE THE PERSON'S INTERPERSONAL RELATIONSHIPS?

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Describe the qualities of these relations :	
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Describe this person's capacity in asking for help :	
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Describe this person's capacity to communicate :	
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8. TO YOUR KNOWLEDGE, DOES THIS PERSON CONSUMES ALCOHOL, DRUGS AND MEDICATION ?

	Regularly	Occasionally	Seldom	Never
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. WHAT DO YOU KNOW OF THIS PERSON?

	Superior	Satisfactory	Insufficient	Inadequate
Concern for work well done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to work in group				
Autonomy				
Motivation				
Discretion				
Capacity to analyse				
Professionalisme				
Initiative				
Diligence/ponctual				
Respect/no judgement				
Listening capacity				
Stress management				
Ability to set limits				
Ability to adapt				
Flexibility and tolerance				
Openness to difference				

10. WOULD YOU LIKE TO ADD ANY OTHER INFORMATION?

11. SIGNATURES

Name :		
Signature :		
Phone :		
Date :		