

TO THE APPLICANT: Please complete the details below before handing the form to your referee.

Name of Applicant _____

Address _____

First Choice Country _____

Date From _____ Date To _____ Duration _____

Name of Referee _____

Address _____

The obtaining of references is your responsibility. We require references from **2** people who have known you for at least 2 years – these must not be from immediate or distant family members. If you are part of a church, one of these must be from your church minister or leader. The other references may be from your college/university tutor, employer or friend.

It is essential that your referees return their completed form directly to Smile International. They should not hand it to you to return to us. Please be sure to provide each referee with a stamped addressed envelope to Smile International (see address on page 2).

TO THE REFEREE – Thank you for taking the time to complete this form.

The above-named person is applying to join a Smile/GB FIZZ trip. We would be grateful if you would complete and return this form to us no later than two weeks from the date you receive it. Alternatively, you can email the form to trips@smileinternational.org – **please do not give your completed reference form back to the applicant.**

Smile International is a registered charity passionate about helping to relieve suffering and poverty through the distribution of humanitarian aid and long-term development projects. As part of the trip, applicants may be involved in a variety of activities ranging from practical work, youth/children's work, drama, basic English teaching, social action and local church projects. Applicants will work alongside Smile International personnel or our partner organisations overseas. The applicant will need to work well in a team, be flexible, able to cope in stressful situations and be able to adapt to a new culture, climate and sometimes very basic conditions. Team work can often be demanding and we need to be sure that the applicant will be able to adjust and work well in such circumstances.

Your honesty is appreciated. Please use a separate sheet for your answers if necessary. Information about the work of Smile International may be found by visiting: www.smileinternational.org Please feel free to call the Smile office if you have any questions. We appreciate your cooperation in providing this information.

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? _____ In what capacity? _____

How well do you know the applicant? Very well Quite well A little Very little

How would you describe the applicant's character? _____

What do you consider to be the applicant's two greatest strengths? _____

What do you consider to be the applicant's two greatest weaknesses? _____

Please comment on the applicant's ability to relate to parents, peers, authority, opposite sex:

How do you feel the applicant would perform within a team? _____

Is there any aspect of the applicant's nature that you consider would be disadvantageous on a team? (For example, inability to cope under pressure, insensitivity to others, unreliable.)

What skills and experience does the applicant have which would be relevant to their application?

How would you describe the applicant's health? (If you have a cause for concern, please explain)

To your knowledge has the applicant ever suffered from a nervous breakdown, nervous disorder, or psychiatric problem? YES NO DON'T KNOW

If yes, how does this affect the applicant now?

How has the applicant demonstrated a positive contribution to your life/work/college?* **delete as appropriate*

If known, please comment on the applicant's Christian life:

During the course of the trip, the applicant may come into contact with children under 18 years of age and/or vulnerable adults. Do you know of any reason why the applicant might be regarded as unsuitable for this type of work?

YES NO If Yes, please give details _____

Has the applicant had any convictions (pending, spent or unspent) for a criminal or civil offence, in any court in any country?

YES NO DON'T KNOW If yes, please give details _____

Please comment on anything else you think we should be aware of:

Do you recommend this applicant for this trip? YES NO UNSURE

Signature _____ Date _____

Name (please print) _____

Please return your completed form in an envelope marked "Private and Confidential" to Smile at:



Smile International, Trips Department, PO Box 3,
Orpington, Kent, BR5 1WZ, UK 01689 870932
trips@smileinternational.org www.smileinternational.org
Registered Charity No. 1079730



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