



CHARACTER REFERENCE

All references must be translated into English on this form with the original attached.
Please type or write clearly on this form using **BLACK** ink.

Name of applicant: _____

Name of person providing reference: _____

Telephone: _____ **Best time to call:** _____

Street address: _____ **City/State:** _____

Postal code: _____ **Country:** _____ **E-mail:** _____

How long have you known the applicant? _____

In what capacity do you know the applicant*? (employer, friend, neighbour) _____

In relation to the following areas, please assess the applicant's suitability for the Live-in Caregiver (LIC) Program. PLEASE USE THE EXPLANATION LINE TO CLARIFY YOUR ASSESSMENT, PARTICULARLY WHEN MARKING C OR D. If you do not have sufficient knowledge of a particular area, please note this on the explanation line.

A=Completely suitable for LIC Program B=Well suited C=Satisfactory D=Unsuitable

	A	B	C	D	Explanation
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Health & Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to handle stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to handle emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please explain further any C or D assessment: _____

Please describe the applicant's personality: _____

Why would you recommend/not recommend the applicant for placement as a Caregiver?

Signature: _____ **Date:** _____

*Please note: People related to the applicant may not provide a mandatory reference but CAN provide an additional reference for you!