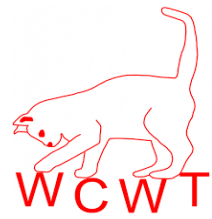


Registered
Charity
1049596

Worthing Cat Welfare Trust
141 Downside Avenue
Worthing BN14 0EY
Tel: 01903 830717



Referee Form

Applicant Details

Title _____ First Name _____ Surname _____

Referee Details:

Title _____ First Name _____ Surname _____

Company Name and Address _____

_____ Post Code _____

Telephone _____ Mobile _____ Preferred Contact Time: AM [] PM []

E-mail _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

If this is a personal reference, please state your relationship to the applicant: _____

Please explain why you feel the applicant is the right person to be employed or volunteer for

Worthing Cat Welfare Trust: _____

Agreement

I confirm that to the best of my knowledge, the information I have provided is correct and I understand that any information provided will only be used in connection the applicant's application to become an employee or volunteer for Worthing Cat Welfare Trust. If any further information is required about this reference, I am happy to be contacted by Worthing Cat Welfare Trust by:

Telephone [] Text [] Post [] E-mail []

Name _____ Signature _____ Date _____

For Office Use Only

Date of contact with referee (if applicable): _____ Signed: _____ Date: _____