

DAY CARE PROVIDER PERSONAL REFERENCE QUESTIONNAIRE #1

This reference is required by the Child Care Regulation Programme for Day Care Provider Applications. It is to be completed and submitted by the person providing the reference, not the applicant. Please rate the applicant based on your experience and interactions. Complete and submit in sealed envelope to ensure confidentiality to the following address: childcare@gov.bm or Child Care Regulation Programme, Continental Building, 25 Church Street, Hamilton HM12

Name: _____

Occupation: _____

Telephone: _____ Email: _____

Name of Applicant (Person you are providing a reference for):

1. How do you know the applicant? _____
2. How long have you known the applicant? _____
3. When was the last time you had contact with the applicant? _____

Respond to all questions by checking which response best describes your experience with this applicant.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
4. Applicant gets along well with others.					
5. Applicant handles stressful situations well.					
6. I have trust the applicant would keep private information confidential.					
7. I believe the applicant is honest and trustworthy.					
8. I have not witnessed any displays of prejudice.					
9. The applicant loses his/her temper easily.					
10. I do not have any knowledge of the applicant's use or involvement with illegal drugs or narcotics.					
11. I believe the applicant is reliable.					
12. I would recommend the applicant as a caregiver.					

Comments:

Signature: _____

Date: _____

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DAY CARE PROVIDER PERSONAL REFERENCE QUESTIONNAIRE #2

This reference is required by the Child Care Regulation Programme for Day Care Provider Applications. It is to be completed and submitted by the person providing the reference, not the applicant. Please rate the applicant based on your experience and interactions. Complete and submit in sealed envelope to ensure confidentiality to the following address: childcare@gov.bm or Child Care Regulation Programme, Continental Building, 25 Church Street, Hamilton HM12.

Name: _____

Occupation: _____

Telephone: _____ Email: _____

Name of Applicant (Person you are providing a reference for):

4. How do you know the applicant? _____
5. How long have you known the applicant? _____
6. When was the last time you had contact with the applicant? _____

Respond to all questions by checking which response best describes your experience with this applicant.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
4. Applicant gets along well with others.					
5. Applicant handles stressful situations well.					
6. I have trust the applicant would keep private information confidential.					
7. I believe the applicant is honest and trustworthy.					
8. I have not witnessed any displays of prejudice.					
9. The applicant loses his/her temper easily.					
10. I do not have any knowledge of the applicant's use or involvement with illegal drugs or narcotics.					
11. I believe the applicant is reliable.					
12. I would recommend the applicant as a caregiver.					

Comments:

Signature: _____

Date: _____

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