**REFFERAL FORM FROM CURRENT STAFF FOR POTENTIAL NEW RECRUITS**

Current GS staff members name ……...............….................................................

Referring..........................................................Relationship..................................

Contact Details ......................................................................................................

Address.................................................................................................................................................................................................................................................Mobile..........................................................Home .............................................

Date contacted and method..................................................................................

Seen by office staff member..................................................................................

Availability ...........................................................................................................

Car owner/driver YES OR NO Business Insurance YES OR NO

Experienced ……...................................................................................................

...............................................................................................................................Qualified ? .........................................................................................................

Next steps/Outcome............................................................................................

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(ONCE THIS FORM IS COMPLETED, PHOTOCOPY FOR THE REFERRING STAFF, TO REMIND THEM TO CLAIM THE REFERRAL FEE WHEN DUE….

OFFICE USE ONLY :

NEW STAFF MEMBERS NAME:

………………………………………………………………………………………………………………………….

Start date...............................................................................................................

Referred by existing staff member ……………………………………………………………………

6 month date to pay the £50.00 to the above…………………………………………………..

* I confirm that the above named person has completed all mandatory training as required and started and has started supporting clients.

Signed/Office staff...............................................................................

Date.....................................................................................................

Signed/Finance .................................................... Date ................................