

## NZACSAS Reference Check

(to be completed by nominated referee as per application form)

### 1. Applicant details (to be completed by applicant)

Name: \_\_\_\_\_

Organisation/  
Association: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### 2. Referee details

Name: \_\_\_\_\_

Organisation/  
Association: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### 3. Nature of Professional Relationship (please describe the capacity in which you know the applicant)

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\_\_\_\_\_

**4. What attributes will/does the applicant bring to a supervised contact service?**

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**5. Please describe a situation, from your experience with the applicant, which demonstrates the attributes listed above.**

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**6. Please describe any specific areas where the applicant may require support from the Association.**

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**7. Do you know of any reason why the applicant should not become a Member of the NZACCSAS? YES/NO (please specify).**

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_