

Previous Employment Verification/Reference Form

INSTRUCTIONS

The applicant below is being considered for a Training Partner arrangement with Allens Training. In order to be considered for this partnering opportunity the applicant is required to obtain two (2) references supporting their industry experience relevant to the courses/subject area they are wishing to deliver. We ask that you include comments specifically relating to the subject area in your reference. You are required to include your contact details (email/phone) so we can verify the applicants details if required at any time during the application process.

Without the information requested below we cannot consider the applicant for this business opportunity. We will only use this information to evaluate the applicant for a business partnership and will not release the information to any third party unless required to do so via subpoena or court order. If you have any questions please do not hesitate to contact **kristie@allenstraining.com.au**.

The applicant should complete their section prior to giving the form to their referee to complete. The referee should hand the completed form back to the applicant so that it can be included in the online submission process. Applicant to complete (Complete this section before giving this form to your nominated referee) Applicant's name: Courses/subject areas being applied for: (please tick all that apply) First Aid **Paramedic Courses** Construction and Industrial Health and Safety Fire and Emergency Other..... Applicant's Authorisation: I hereby authorise the addressed individual, company, or institution to provide Allens Training Pty Ltd. with any information it may have concerning me which is on record or otherwise, and do hereby release the addressed individual, company, or institution and all individuals connected therewith, including the company to which I am applying, from any and all liability for any damage whatsoever incurred in providing and disclosing any information relating to my employment with the addressed individual, company, or institution. This simply means that I will not sue the addressed individual, company or institution for disclosing any requested information concerning my previous employment. **Applicants Printed Name** Applicant's Signature

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Referee to complete

(Complete this section and return form to applicant to inclu	ide in their partnering submission)
Referee's name:	
Organisation:	
Position held:	
Phone:	
Email address:	
How long have you known the applicant?	
Relationship to applicant:	
Briefly outline how the applicant demonstrates industr	y knowledge and applies this knowledge
in their present role. **You may choose to attach a written refer	ence if you prefer, or if more room is needed.
Referee's Declaration:	
I declare the above to be a true reflection of my relationship with the applicant and understand this is to be used in support of their partnering application. I also understand that I may be contacted by an Allens Training representative to discuss any of the above information during the application process.	
Referee's Printed Name Referee's	Signature
Data	

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