**Reference Request Form - September 2021 Entry**

Programme of Study:

Applicant’s Full Name:

City, University of London Applicant Number:

UCAS Personal ID:

**Instructions for the applicant and referees**

**To the applicant:** Please complete this reference form with your programme of study, full name, City, University of London reference number (this can be found on your offer email) and UCAS personal ID. This form should then be forwarded to your referee. Referees cannot be a family member, friend, neighbour or relative. Each referee needs to have known you for at least one year, however two years is preferred.

**To the referee:** The above named person has applied to be admitted to a pre-registration Nursing/Midwifery programme at City, University of London and has given your name as a referee. We would be most grateful if you would provide us with a reference on the applicant’s academic and general ability to undertake the proposed Programme of study named above. Please complete the question below on this form or attach a written statement of reference on letter headed paper. Your reply will be treated in confidence by the University.

**Please note: the deadline for receipt of references is 31 July 2021.**

NB: DISCLOSURE OF INFORMATION - REHABILITATION OF OFFENDERS ACT 1974

In order to protect the public, the post for which application is being made is exempt from Section 4 [2] of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act [1974 [Exception] Order 1975 and the amendments to the Exceptions Order 1975 (2013). It is not therefore in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered as "spent" in relation to this application and which you consider relevant to the applicant's suitability for employment. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.  Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. Any such information provided will be kept in strict confidence and used only in consideration of the suitability of this applicant for a position where such an exemption is appropriate.

**Please return your completed form to** **health@city.ac.uk** **from your company email address or post it to the following address:**

School of Health Sciences Reference Request

City, University of London

Northampton Square

London

EC1V 0HB

General information relating to the applicant’s suitability

Signed       Date

If submitting electronically please check here in lieu of signature ☐

Name [PLEASE PRINT]

Position Held

Tel

Fax/Email

Relationship to applicant

Number of years known applicant

Company stamp