

TELEPHONE REFERENCE CHECK FORM

Interview for Educational Reference

Ref. No. ETRC/

APPLICANT'S DETAILS	CLIENT'S DETAILS
Name:	Company:
D.O.B.:	Contact name:
Position applied for:	Tel:
EDUCATIONAL INSTITUTION'S DETAILS	
Name:	
Address:	Tel:
Reference contact:	E-mail:
Position:	URL:
Relationship to applicant:	
The person contacted confirms that he/she is authorised to give information on behalf of the School. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type and level of institution:	
Types of degrees awarded:	
Is the institution accredited?	
APPLICANT'S EDUCATION DETAILS	
Confirmed?	
Dates attended: from _____ to _____ Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Give the dates if different	
Did the applicant graduate from the School? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, please give the date: _____	
Confirmed?	
Degree / Diploma / Certificate / License awarded _____ Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Give the degree if different	
Major course attended: _____	
Specialisation: _____	
Any additional comments: _____ _____ _____	
STANLEY SOLUTIONS DETAILS	COMMENTS
Name of the interviewer: _____	
Date of the interview: _____	
Signature: _____	