

Participant pen portrait form

- Care Home Four Seasons Activity Programme -
- Two hour format -

Please complete all the questions in Section 1 and the questions that relate to your knowledge of the applicant in sections 2-4 overleaf. This information is treated in strictest confidence and will not be disclosed to the person who is the subject of the reference or to anyone else without the referee's prior permission.

Participant details

Participant name:

Date of birth:

Residential address (including postcode):

Residential telephone number:

Participant mobile number (put N/A if not applicable):

Care home name:

Contact name:

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Section 1. Personal skills

Please insert a cross to each relevant box. Add detail in box provided below relating to areas you think would help The Great Out-tours to better manage the individual.

	Poor	Fair	Good	Very Good
Timekeeping				
Application & Effort				
Use of Initiative				
Learning Ability				
Reliability				
Attention to Detail				
Personal Presentation				
Tidiness				
Ability to Communicate				
Need for Supervision				
Effort				
Attitude				
Please give details of specific areas for attention:				

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Section 2. Group or team skills

1. Attitude to fellow colleagues/residents etc.	2. Embracing team activities
1) Poor	1) Poor
2) Fair	2) Fair
3) Good	3) Good
4) Excellent	4) Excellent
Where possible please give details of interpersonal skills:	

Section 3. Work or community experience

Has he/she undertaken any relevant work or community experience? **Yes/ No**

If Yes, give brief details, including address of work/community experience placement.

Section 4. Any further information you may wish to give.

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Signed:

Print Name:.....

Date:

Capacity: Care establishment:

Please return this pen portrait reference to:

e-mail: **john@thegreatout-tours.com**

or

via post to: **John Brooksbank, The Great Out-tours Limited, Woodside, Little London
Road, Horam, East Sussex TN21 0BL**

We thank you very much for your assistance.