



MFT Volunteers

Manchester University NHS Foundation Trust

VOLUNTEER SERVICES

Character Reference Request

Dear Sir / Madam

The person asking you to act as a referee for them has applied to the above NHS Foundation Trust to become a Volunteer. The volunteer role may involve contact with patients, visitors and staff.

To comply with regulations laid down by the Department of Health, we are required to take up references to ensure the suitability of prospective volunteers.

Please either provide a reference on letter headed from your organisation or alternatively please complete the following information.

(NB: References **MUST NOT BE FAMILY MEMBERS - Must be/have been known in a professional capacity, or hold a professional position. Please see the attached Guidance document or contact us if you have any issues obtaining a suitable referee).**

Thank you for your time and cooperation.

Volunteer Services
North Manchester General Hospital, Delaunays Road, Crumpsall
Manchester, M8 5RB
Tel: 0161 604 5892
Email: volunteers.nmgh@mft.nhs.uk

Name of prospective Volunteer:

Length of time known by referee:

In what capacity do you know this person:

Would you consider this person a suitable candidate to work within the hospital with patients, staff and visitors?

YES / NO

Why?

Incorporating:

Altrincham Hospital • Manchester Royal Eye Hospital • Manchester Royal Infirmary • Royal Manchester Children's Hospital • Saint Mary's Hospital • Trafford General Hospital • University Dental Hospital of Manchester • Wythenshawe Hospital • Withington Community Hospital • Community Services

To your knowledge is he/she a good timekeeper?
YES / NO

Would you consider him/her to be honest reliable and trustworthy?
YES / NO

Any further comments that you think may be relevant:

References MUST NOT BE FAMILY MEMBERS OR FRIENDS- Must be/have been known in a professional capacity, or hold a professional position.

I have known the applicant for a minimum of six months

Signed: _____ **Date:** _____

Please print name: _____

(Please note if being returned via email please insert electronic signature or sign and scan. We cannot accept typed signatures.)

Address (please print company/ professional address or insert company stamp):

Please provide the following professional details:

Email Address: _____

Contact Number: _____