# Post Suicide Support Team Reference Check Form

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| --- | --- |
| Name of applicant |  |
| Name of referee |  |
| How long have you known the applicant and under what circumstances? |  |
| How would you rate the fit between the applicant’s skills and capabilities and the needs of the post-suicide support team? |  |
| Please can you tell us about particular strengths that the applicant will bring to the team? |  |
| Please can you tell us about the applicant’s facilitation skills? |  |
| Please can you tell us about areas for development or weaknesses that we should consider or be aware of? |  |
| Please tell us about the applicant’s ability to set boundaries and practice self-care? |  |
| Any other comments? |  |

**Signed: Dated:**