**Care Maker Application Reference form**

Please complete this form in full based on the Care Maker application form you should have received from the applicant and submit by email to england.caremakerapplication@nhs.net **ensuring all sections are complete** – any incomplete forms will not be processed.

**Data Protection**

All information supplied will be held by NHS England and stored on our internal contact management system. This information will remain secure and confidential and is held in accordance with the Data Protection Act.

Please let us know by email if you feel you cannot support this application at this point in time.

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| **Question** | **Response:** |
| Name of Care Maker applicant |  |
| Your full name |  |
| Your Job title |  |
| Your email address |  |
| Your contact telephone number |  |
| Based on the information provided by the applicant and on your knowledge of them, please indicate whether you would be confident for the applicant to be an ambassador of Leading Change, Adding Value and a representative of your organisation as a Care Maker, and that they demonstrate the appropriate values and behaviours defined in the 6Cs | Yes/No **(delete as appropriate)** |
| I agree with all the information provided by the candidate and I am confident that they would make an excellent Care Maker | Yes/No **(delete as appropriate)** |
| I confirm that, to the best of my knowledge, the applicant is not currently the subject of any disciplinary or capability processes, or has been dismissed from employment as a result of any such processes or investigations | Yes/No **(delete as appropriate)** |