



REFEREE STATEMENT

2018

Please return the completed form to the applicant or post it to:
The Institute of Chiropodists and Podiatrists, 150 Lord Street, Southport, PR9 0NP

PLEASE COMPLETE IN BLOCK LETTERS

Applicant's details:

Surname: _____

Forename(s): _____

Address: _____

_____ Post Code: _____

Referee's details:

Name: _____

Address: _____

_____ Post Code: _____

Occupation: _____

Name & address of employer: _____

_____ Post Code: _____

Official Company stamp:



Referee's statement:

Please use the space below to comment on the applicant's suitability in to the Institute of Chiropodists and Podiatrists, stating how long you have known the applicant and in what capacity.

Referee's signature: _____ Dated: _____