

# Reference request



## REFERENCE FOR

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ACCA REGISTRATION NUMBER

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1 Dates of employment Start date ▶ Finish date ▶

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2 Applicant's job title(s) while employed by your company/organisation/firm ▶

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3 Did the applicant normally report to you?  Yes  No

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If no, please confirm your relationship to the applicant ▶

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4 Please give details of the accountancy duties and other responsibilities undertaken by the applicant ▶

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5 Please give your assessment of the applicant's skills and attributes by ticking the relevant boxes below:

	Excellent	Good	Satisfactory	Poor
Skill and competence in accountancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which a professional approach to work was developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to show initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to exercise judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 What would you say were the applicant's main strengths?

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7 In which areas would you say the applicant needs to develop?

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8 Please use the space below to provide any additional comments or information that you feel would be helpful ▶

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Your name ▶

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Signature ▶

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(It is important that this reference letter should be signed in your name and not in the name of the company/organisation/firm.)

Your job title ▶

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Company/organisation/firm name where you supervised the applicant ▶

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Professional qualification(s), if applicable ▶

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Once completed, please return your completed reference to the affiliate in order that they can submit this with their complete application. Alternatively, please return to: ACCA 2 Central Quay 89 Hydepark Street Glasgow G3 8BW United Kingdom