

## REFEREE FORM

**To the guide:**

Please fill in your details below, before sending this form to your chosen referees. Please also ensure that both referee statements are returned to the Institute office with your application.

Full Name:

Address:

**To the referee:**

The person named above has applied to join the Institute of Tourist Guiding and has named you as a referee. Please fill in the form below as your personal confidential reference for the named person. Please complete in English and return it to the guide in a sealed envelope, with your signature across the seal.

The Membership Committee

Name of Referee	
Name of Company	
Position held	
Contact email address	
Contact telephone number	

Number of years you have known the guide and in what capacity:

Please confirm their guiding qualification and date of award (if known):

Guiding experience and conduct of the guide (please attach additional sheets if required):

Any other relevant information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_