



**REFEREE'S STATEMENT REGARDING NOMINATED APPLICANT'S MEMBERSHIP TO CIRCEA**

**1. CONFIDENTIALITY NOTICE**

To the referee: The person named below has agreed that confidential information may be obtained from you, the referee, with respect to their application for membership to CIRCEA.

**2. APPLICANT DETAILS**

Title : \_\_\_\_\_ [Dr., Mr., Ms. etc]

Name: \_\_\_\_\_  
[First name Middle name Family name]

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

**3. YOUR RELATIONSHIP**

- a) How long have you known the applicant (years)? \_\_\_\_\_
- b) Do you have a family or business relationship with the applicant? Yes / No (circle one)
- c) If, yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d) How well do you know the applicant?  
Socially: \_\_\_\_\_ Years/months: \_\_\_\_\_  
Professionally: \_\_\_\_\_ Years/months: \_\_\_\_\_

**4. WORK-RELATED**

In what work-related capacities have you had contact with the applicant (please give precise details, add extra pages if required)?

Year	Detail of engagement or project

**5. YOUR OPINION OF THE APPLICANT'S:**

A Competence as a consultant

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B Experience in the forensic, investigative or remedial fields

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C Reporting ability and communication skills

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D Adherence to professional standards

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E Ability to present evidence in court

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**6. ADDITIONAL COMMENTS:**

Provide any additional remarks you believe would assist CIRCEA in assessing the application:

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**7. REFEREE'S CONTACT DETAILS:**

Name \_\_\_\_\_

[Name of Referee]

Signed \_\_\_\_\_ Date: \_\_\_\_\_

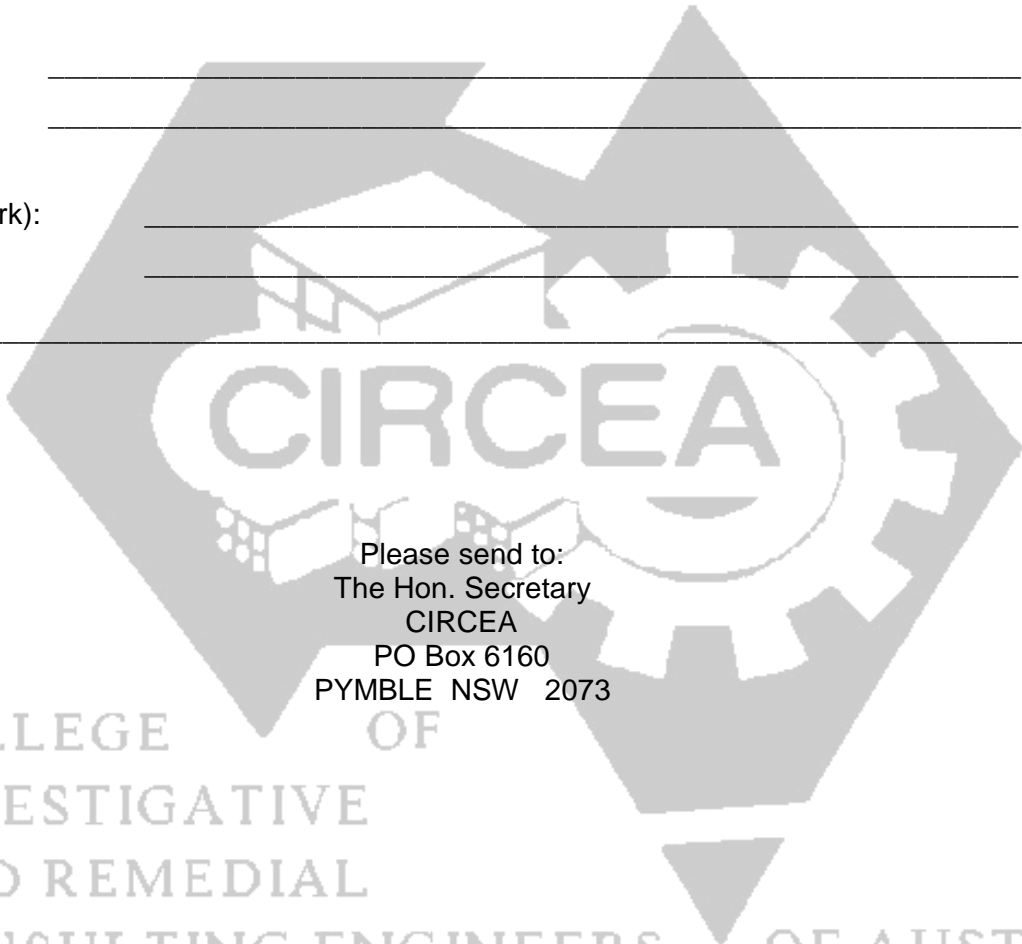
[Signature of Referee]

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



Please send to:  
The Hon. Secretary  
CIRCEA  
PO Box 6160  
PYMBLE NSW 2073

COLLEGE OF  
INVESTIGATIVE  
AND REMEDIAL  
CONSULTING ENGINEERS OF AUSTR.