



GOVERNMENT OF BERMUDA
Department of Health

DAY CARE PROVIDER REFERENCE QUESTIONNAIRE

This reference is required by the Child Care Regulation Programme for all Day Care Providers. Applications are to be completed and submitted by the person providing the reference, not the applicant.

*Submit in a sealed envelope to ensure confidentiality or email to
childcare@gov.bm:*

Full Name of Referee: _____

Occupation of Referee: _____

Telephone of Referee: _____ **Email of Referee:** _____

Day Care Provider Name: _____

1. How do you know the applicant? _____

2. How long have you known the applicant? _____

3. When was the last time you had contact with the applicant? _____

Respond to all questions by checking which response best describes your experience with this applicant.

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 4. Applicant gets along well with others. | | | | | |
| 5. Applicant handles stressful situations well. | | | | | |
| 6. I have trust the applicant would keep private information confidential. | | | | | |
| 7. I believe the applicant is honest and trustworthy. | | | | | |
| 8. I have not witnessed any displays of prejudice. | | | | | |
| 9. The applicant loses his/her temper easily. | | | | | |
| 10. I do not have any knowledge of the applicant's use or involvement with illegal drugs or narcotics. | | | | | |
| 11. I believe the applicant is reliable. | | | | | |
| 12. I would recommend the applicant as a caregiver. | | | | | |

Comments: _____

Signature: _____

Date: _____
(dd/mm/yyyy)