Voluntary Reference

Requested by: …………………………………………………………………………………….…..

Applicants Name: ……………………………………………………………….….…….………….

Also known as: …..…………………………………………………………………………….………

D.O.B. ……………………………………… NI Number:…………………………………

**You are respectfully advised that it is an offence, under the Aviation Security Act 1982, as amended by the Aviation and Maritime Security Act 1990, to knowingly give false information, either for the purpose of, or in connection with, an application for an Airport Security ID Pass.**

1. Please confirm the specific dates when the applicant was helping at, or affiliated to, your organisation:

**From:** ....../........../……. **To:** ......./........./........

Day/Month/Year Day/Month/Year

1. Please provide details of how the applicant helped or carried out duties for your organisation:

………………………………………………………………………………………………

3. Would you welcome the person back? Please state **Yes** or **No:** …………………

If you answered “no”, please tell us why:

………………………………………………………………………………………………

4. To the best of your knowledge, is there anything known about the person named in this reference which suggests a lack of integrity or otherwise reflects adversely upon their suitability to hold an Airport Security ID Pass allowing them access to sensitive areas of London City Airport? Please state **Yes** or **No:** ……………………..

If you answered ‘**Yes**’ please provide the reason or reasons:

………………………………………………………………………………………………

………………………………………………………………………………………………

5. Please provide any other information that we should be aware of to assess this application properly:

………………………………………………………………………………………………..

Company/organisation name.........................................................................................

Address: ………………………………………………………..……………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Email: ………………………………… ……. Fax: ………………………………….……

Work telephone number ……………………...Mobile telephone number: …………

Print name: ………………………………… Signature …………………………………

Occupation: ………………………………. Date: ………………………………………

Registered Charity Number (if applicable) ……………..………………………………….

**If you are going to be unavailable for contact any time during the next 6 weeks, please enter those dates below or on a separate piece of paper. Thank you for your cooperation. Your comments will be most useful in assisting us to reach a decision on this appointment.**

**Dates when unavailable: From …………………… To ………………………………**