

CHARACTER REFERENCE FORM

CANDIDATE NAME:	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? NO <input type="checkbox"/> YES <input type="checkbox"/> (if yes, please give full details)	
MEMBERSHIP RECOMMENDED BY	
<i>Please note: the above-mentioned individual has applied for membership/accreditation from the Institute of Risk Management South Africa (IRMSA). In considering the application, we require an evaluation by an Associate, Certified Risk Management Practitioner or Certified Risk Management Professional in good standing. The basis for this is the IRMSA's code of ethics.</i>	
PLEASE READ THE CODE OF ETHICS AND THEN COMPLETE THIS FORM	
I HAVE KNOWN THE CANDIDATE FOR _____ YEARS	
I AM (tick all that apply) AN ASSOCIATE MEMBER <input type="checkbox"/> CRM PRACTITIONER <input type="checkbox"/> CRM PROFESSIONAL <input type="checkbox"/> IN GOOD STANDING <input type="checkbox"/>	
THE CANDIDATE'S SUPERVISOR <input type="checkbox"/> MANAGER <input type="checkbox"/> PROFESSOR <input type="checkbox"/>	
OTHER (please give details):	
IN MY OPINION, (candidate's name):	
MEETS THE REQUIREMENTS SET BY THE INSTITUTE OF RISK MANAGEMENT SOUTH AFRICA	
RECOMMENDER'S INFORMATION	
IRMSA MEMBERSHIP NO.:	
FIRST NAME:	SURNAME:
ORGANISATION:	
POSITION:	DEPARTMENT:
COMPANY ADDRESS:	
TEL (W):	MOBILE:
E-MAIL :	
<i>By signing this character reference, I certify that all information given on this form is correct and i have not wilfully deceived the IRMSA by omitting information. I have read the code of ethics and have taken its requirements into consideration.</i>	
PRINT NAME:	SIGNATURE:
	DATE: