



The United Kingdom and Ireland Association of  
Forensic Toxicologists  
**Applicant Reference Form**

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**To be completed by Applicant:**

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

**To be completed by Sponsor:**

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

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**1) Please describe your knowledge of the applicant to include:**

a) Working relationship:


b) Percentage of time and type of forensic toxicology work applicant performs:


c) Years of experience in forensic toxicology: \_\_\_\_\_ years

d) To the best of your knowledge, has the applicant ever been censured for unethical conduct or procedure? (please tick)

Yes     No

e) Additionally, please comment on your knowledge of the applicant's moral character:


2) Do you recommend without qualification that the applicant be accepted into the UK & Ireland Association of Forensic Toxicologists?

Yes     No    If no, state reasons:


3) Additional Comments:


**ALTERNATIVE:**  I do not wish to serve as a referee at this time.

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

**Please email completed form to:** Dr Hazel Torrance ([hazel.torrance2@spa.police.uk](mailto:hazel.torrance2@spa.police.uk))  
UKIAFT Secretary