

[CTC-HR&OPS-Recuritment-F-7.2-c-039- IF/SF/SK] [Reference Check Form- September 2024]

Professional Reference Check

Name of the person for which reference is provided: Aymen Behroze	Organization of Referee: IBF Foundation				
Name of Referee: Simona Comin	Date of Reference: 01/10/2024				Quin
	Foundation Director Signature of Referee:				
Please complete the sections below and retu CHIP Training and Consulting via email or G.8.2, Islamabad, Pakistan.					
Tick the mentioned rating for the recommen	nded person:				
Professional/personal qualities	Out- Standing	Above Satisfactory	Satisfactory	Not Satisfactory	Unknown
Quality of work		X	Ţ		
Ability to work with others		X			
Flexibility/adaptability to change	X				
Punctuality			X		
Communication-oral/written		X			
Attitude		X			
Judgment	X				
Initiative/Leadership		X			
Achievements		X			
Overall Performance		X			
In addition, please provide the requested	information bel	ow:			
I have known the applicant					
As SUPERVISOR YPD TRAINEESHIP PROGRAMMEOther (Please specify)					
2. What was the applicant's position in you	our organisation'	? TRAINEE at II	BF GREEN UN	IT	
3. Was there any harassment or unprofess harassment) complaint lodged against employment?					
YesNo	1				
4. If the answer to question 3 is positive, Sexual ExploitationSexual Harassme	·		come.		
Was the person engaged in any profess vulnerable groups/adults?			a risk to the safe	ety of children ar	nd
YesNo					
6. If the answer to question 5 is positive,			come.		
Sexual ExploitationSexual Harassme					
7. Has any disciplinary action or investig	ation been taken	against the perso	on		
8. Would you re-hire him/her if a vacancy	y existed in your	organisation?	***************************************		
YesNo		<u> </u>			
9. Would you recommend the applicant f	or this position?				
YesNo					

HR Department

CHIP Training and Consulting

Director/CEO

CHIP Training and Consulting