

Appendix 5: IPAN-SoTLAN CONTINUOUS WORK EXPERIENCE REFERENCE FORM

1. Certified Persons’ full name:

2. Contact Information of person (Reference) who is familiar with the Applicant’s Work Experience and employment history:

Name:

Organisation & Address:

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Telephone & E-mail:

REFERENCE: The above named certified person has submitted your name as a reference in his or her application for certification by IPAN-SoTLAN Conformance Systems Ltd. (IPAN-SoTLAN). This recognition is very important to him/her, and it is requested that you confidentially complete the information requested on this form as quickly as possible, and send it directly to:

IPAN-SoTLAN Conformance Systems Ltd.

443, Herbert Macaulay Way, Yaba, Lagos, Nigeria

www.ipan-sotlan.com

Tel: +234 – 909 161 8615; E-mail: info@ipan-sotlan.com

Note: Please, this information should remain confidential and should not be sent to or through the candidate.

3. Acceptable work experience references include certified persons’ present supervisors, manager, head of department, instructors, and one of them has to hold a management position within the certified persons’ organization.

As applicable; please, check the appropriate box(s) and complete the information beside it.

4a. I have known the applicant for years.

4b. From personal knowledge, my assessment of the applicant’s continuous work on his/her assigned jobs is: excellent average below average I do not know

4c. From personal knowledge, I know that the quality of the applicant’s work in the laboratory is: excellent average below average I do not know

4d. Based on this personal knowledge, I know that the applicant has been engaged in laboratory analysis and other related duties years.

4e. Would you employ the applicant, or recommend the applicant for employment, in the field of laboratory analysis? Yes No

4f. Please describe some of the major projects or activities in which the applicant has been engaged in the field in the course of his/her routine duties. Describe only those where you had personal knowledge of the applicant's work. Describe these briefly, but give enough detail to show the degree of responsibility exercised by the applicant, the complexity of the project or activity, the degree of knowledge or skill required, etc. (use and attach additional sheets as necessary).

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4g. Any other comments (optional):.....

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Name:

Designation:

Signature & Date:

Please mail the completed form directly to:

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