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| **External Referral Form** |

Thank you for referring your friend for a permanent position through HCA please complete the form and return to the Recruitment Consultant.

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| **Section 1 – Referring Person** | |
| Name: | Email: |
| Company: | Position: |

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| **Section 2 – Referred Candidate Information** | |
| Name: (Family Name) (First Name) | Position Referred for: |
| Email: | Phone: |
| Is this person aware you have referred their name to HCA?  Yes  No  Have you asked this person to submit an application for the role? Yes  No  How do you know the Referred Candidate?  How long have you known the Referred Candidate? | |
| ***Please attach the candidate’s resume to this form.*** | |

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| **Section 3 Bank Details for Referral** | |
| Account Name: |  |
| BSB: |  |
| Account Number: |  |

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| **Section 3 - Signature** |
| I believe that the individual I am referring as a candidate is qualified for and interested in the position identified above. I understand that if this individual is hired as a result of this referral, I am eligible to receive $500 if the candidate is placed in the role and has completed 12 weeks employment.  Signature Date |