



REFEREE FORM

To the guide:

Please fill in your details below, before sending this form to your chosen referees.

Please provide two references from tour operators, other travel trade companies, guide associations, or volunteer guide employers, showing that you have been working regularly within the last three years.

Please also ensure that both referee statements are returned to the Institute office by e-mail with your application.

Full Name:	
Address:	
Please confirm your guiding qualification(s) and date(s) of award	

To the referee:

The person named above has applied to join the Institute of Tourist Guiding and has named you as a referee. **You should be familiar with the tourist guiding services of the person named above within the last three years.** Please fill in the form below as your personal reference for the named person. Please complete in English and return it to the guide by e-mail.

The Membership Committee

Name of Referee			
Name of Company			
Position held and include dates	Position held	From: (DD/MM/YYYY)	To: (DD/MM/YYYY)
Contact e-mail address			

Coppergate House, 10 Whites Row, London E1 7NF t: 020 7680 7146 e: office@itg.org.uk w: www.itg.org.uk

Company Registration No: 4391794. Place of Registration: England and Wales. Registered Office: Coppergate House, 10 Whites Row, London E1 7NF

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Page 1 of 2

Contact telephone number	
Number of years you have known the guide and in what capacity	

Please describe services provided to you by this guide, how frequently they have been provided, and your experience of how they have been delivered (please attach additional sheets if required):	
Any other relevant information:	

Signature/Print Name:	
Date:	