

# PMA Reference Declaration Form

## Referee One

(please complete in **BLOCK CAPITALS**)

Relationship With You?

- Current Employer**
- Professional**    **Educational**

Name .....

Position .....  
(if applicable)

Company / Institution .....  
(if applicable)

Address Line 1 .....

Address Line 2 .....

Address Line 3 .....

Town / City .....

County .....

Postcode .....

Tel / Mob ..... / .....

Email .....

May we contact this Referee at any time?

- Yes**    **No**

If No, please specify when .....

.....

## Referee Two

(please complete in **BLOCK CAPITALS**)

Relationship With You?

- Current Employer**
- Professional**    **Educational**

Name .....

Position .....  
(if applicable)

Company / Institution .....  
(if applicable)

Address Line 1 .....

Address Line 2 .....

Address Line 3 .....

Town / City .....

County .....

Postcode .....

Tel / Mob ..... / .....

Email .....

May we contact this Referee at any time?

- Yes**    **No**

If No, please specify when .....

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*I – the undersigned – hereby grant Paul Mitchell Associates permission to contact the Referee(s) listed above at the appropriate time:*

\*Candidate Signature ..... **OR**

\*Print Name .....

\*Date \_\_/\_\_/\_\_\_\_

