



ALZHEIMER'S  
DISEASE  
ASSOCIATION

## EMPLOYEE REFERRAL FORM

***[Please use one form for each referral and send to ADA HR Department]***

### Guidelines and Criteria

1. Participation of ADA Employee Referral Programme is open to all active employees of ADA (except managers and above) and is applicable for referring non-executive positions such as health attendants, healthcare assistants, nursing aides, administrative assistants.
2. \$ 200 will be awarded to an employee if the referral is hired and had successfully completed the probation and also had completed at 90 days of service. The award will be shared equally among employees if more than one employees have referred the same successful candidate.
3. Referral who has already applied for any positions within 6 months prior to the date of the referral or an ex-ADA employee who has left ADA less than 12 months prior to the date of the referral will not be counted for the award.
4. You must obtain the consent of the person whom you are referring and he/she has agreed to allow you to disclose his/her contact particulars such as phone numbers and/or email address.
5. You need only to provide his/her contact information and under no circumstances you are allowed to collect other information such as bank account details, photocopy of NRIC, educational certificates, etc.

### Employee Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Centre: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Relationship to referral: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Referral Contact Information

Referral Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Position Referred For: \_\_\_\_\_ Centre / Depart: \_\_\_\_\_

### For Human Resources Only

Date Received: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_