



# The Institute of Healthcare Engineering and Estate Management

## Authorising Engineer Referee Names

I give permission for the Institute to contact the below named people to request references of my professional work interaction with them.

Reference 1	Reference 2
Name	
Company Name	
Contact Address	

Signed:

Print name:

Date:

For internal use only: (date and initial)	
Received in HO	
CRM updated	
Added to member file	
Review Panel informed	

Address: 2 Abingdon House, Cumberland Business Centre, Northumberland Road, Portsmouth, PO1 5PA

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