

# The Expert Witness Institute

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**REFERENCE FOR :** ..... (name of expert)

Name of firm/company : .....  
(if applicable)  
Address : .....  
Telephone Number : .....  
Specialist Field : .....

Referee's Name : .....  
Professional Title : .....  
Name of organisation : .....  
Address : .....  
Post Code : .....  
Telephone Number : ..... Fax Number : .....

The above named person has applied for membership of the Expert Witness Institute, and has given your name as a referee.  
Can you please complete the remainder of this form, sign and date it, and return it to the Institute in the enclosed envelope.

Please answer the following questions.

<b>1</b>	Has the expert named above reported in writing to you or your firm in the last three years. If so, please complete the remainder of this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>2</b>	<b>The Report</b>	Yes	No	N/A
	(a) Did the expert show knowledge of the identified issues ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Did the expert keep to the agreed timescale ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please rate your answers to the following into one of these categories.	Poor	Fair	Good
	(c) How accurate was the report in terms of factual content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) How objective was the expert's analysis of the facts ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) How clear and well presented was the report ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments : .....  
.....

### 3 Oral Evidence

Was the expert required to give oral evidence at Court ?  
(Court includes all civil and criminal courts in the UK,  
as well as any tribunal, arbitration, and inquest).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

At what court was oral evidence presented ? : .....

Please rate the experts :

Understanding of Court procedure and requirements.

Poor	Fair	Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delivery in chief

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Delivery under cross-examination.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Content

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Appearance and manner.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Did the judge or Chairman of the Tribunal or anyone else make any adverse  
comment regarding the experts report, or oral evidence ?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If so, please outline the comments. and the circumstances.

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.....  
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### 4 Recommendation

Would you use this expert again in a similar case,  
or recommend this expert to someone else?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

### 5 General

Please add anything you wish to be considered in connection with the expert's application for membership.

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Signed : .....

Dated : .....