Reference Request

25 Paignton Close Romford, RM3 8SF

Tel: 01708 871517

www.capitalproagency.com

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| --- | --- | --- | --- |
| Dear |  | Date |  |
| Re |  | NMC/HPC |  |
| Job Title |  |
| Band |  |

Your name has been provided by the applicant above, who has applied to be supplied as a temporary worker in the position identified above. We would be grateful if you would reply to the following questions regarding this applicant and provide in confidence any information of which you are aware regarding his/her character and suitability to perform the role and associated duties of the position applied for. The above named Candidate has applied to CapitalPro Agency to be introduced for hire on Temporary Assignments in the position identified above. I would be grateful if you could complete the attached confirmation of employment / training history request and return to me as soon as practically possible to ensure timely recruitment. Could I ask that the questions are referred to the Candidate’s most recent supervisor / training course provider, should you not be able to answer them yourself based on the information available to you? Please note under the Data Protection Act 1998 and Freedom of Information Act 2000 the above named Candidate may request access to any information that is held on them. May I take this opportunity to thank you in anticipation of your assistance in this matter.

Please provide the following information regarding the applicant below How long did the named applicant work for/with you under your supervision, and in what capacity, i.e position/band and specialty.

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| --- | --- | --- | --- | --- |
| Candidate Name | |  | | |
| Please state the position worked whilst employed by your organisation, ie ward nurse, A&E, theatre practitioner | | |  | |
| Date From |  | | Date To |  |
| Capacity |  | | | |

Please State the nature and depth of your acquaintance to the named applicant and provide a brief description of duties carried out and the areas of speciality covered.

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Do you believe the named applicant to be honest, conscientious and discreet? If no, please provide further details below. Please tick appropriate box.

Yes No

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Named Applicant General Performance** | | | | | | | |
| Please tick as appropriate | | Unable to comment | poor | Satisfactory | Good | Very Good | Excellent |
| Clinical skills demonstrated in line with the requirements of the position | |  |  |  |  |  |  |
| Relationships with patients, other healthcare workers and the public | |  |  |  |  |  |  |
| Timekeeping and management of workload | |  |  |  |  |  |  |
| Patient records and other records management | |  |  |  |  |  |  |
| Reliability | |  |  |  |  |  |  |
| Communication Skills | |  |  |  |  |  |  |
| Supervisory Ability | |  |  |  |  |  |  |
| Additional Comments |  | | | | | | |

Do you know of any factors surrounding the named applicant that may affect his/her fitness for employment, or any reasons why the named applicant should not work in a clinical environment

Please tick appropriate box.

Yes No

Are you aware of any criminal conviction(s) surrounding the named applicant that may affect his/her fitness for employment, or any reasons why the named applicant should not work in a clinical environment Please tick appropriate box.

Yes No

Have you had any reasons to instigate disciplinary action against the named applicant? If yes, please provide details.

Yes No

|  |  |
| --- | --- |
| Detail |  |

Has the named applicant been, or is he/she currently the subject of any fitness to practice proceedings by an appropriate licensing regulatory body in the United Kingdom or any other country? If yes, Please provide details below.

Yes No

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| --- | --- |
| Detail |  |

Do you consider the named applicant suitable for the position identified above? If no, please provide further details below.

Yes No

|  |  |
| --- | --- |
| Detail |  |

Would you re-employ the named applicant? If no, please provide further details below.

Yes No

|  |  |
| --- | --- |
| Detail |  |

Please provide any further information which is relevant to the above named applicant’s application to be supplied as a temporary worker in the position Identified above?

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In order to protect the public, the post for which the application is being made is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Of Offenders Act 1974 (Exceptions) Order 1975. It is not therefore in any way Contrary to the Act to reveal any information you may have concerning convictions which would have otherwise be considered ‘spent’ in relation to this application and which you consider relevant to the applicant’s suitability of employment. Any such information will be kept in strictest confidence and used only in consideration of the suitability of this applicant for a position where such an exemption is appropriate.

Please provide hospital stamp or include letter head paper, a compliment slip or if you are returning via e-mail written confirmation that you completed the reference.

**References provided without verification will be deemed invalid.**

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| Referee Name |  | Position |  |
| Professional Body Registration Number (if applicable) | |  | |
| Signature |  | Department Name / Ward |  |
| Email |  | Date |  |
| Organisation Name |  | Telephone No. |  |
| Organisation Address |  | | |