

The Peoples Healthcare: Candidate Reference Form

This section to be completed by candidate:

Dear:

Date:

Candidate Name:

Candidate Position:

Your name has been provided by the applicant named above, who has applied to The Peoples Healthcare Limited to be supplied as a temporary worker in the position stated 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.

Once completed please return this reference form signed and stamped or with a signed compliments slip.

Kindly complete the attached reference and return to us by;

Email (clearly scanned) to: info@ThePeoplesHealthcare.co.uk or by fax to **0330 900 2 999**.

Alternatively you may return by post to:

The Peoples Healthcare Limited
193 Garth Road
Offices 14
Morden
London
SM4 4LZ

I would like to take this opportunity to thank you for your assistance with our reference request.

Yours Sincerely,

The Peoples Healthcare team

This information is strictly confidential and will only be made available to those who are directly involved in the employment of the candidates.

Below to be completed by referee only

Name of candidate:		
Position:	NHS Band if applicable:	
Dates in your employment	From:	To:
How long have you known applicant?		

<u>Professional Skills and experience</u>	Poor	Satisfactory	Good	Excellent	<u>Further comments</u>
Critical Skills					
Clinical Knowledge					
Organisation Skills					
Management Skills					

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<u>Attitude to work and training</u>	Poor	Satisfactory	Good	Excellent	<u>Further comments</u>
Willingness to learn					
Contribution to the department					
Punctuality					
Reliability					
Self-Motivation					

<u>Personality and Attitude to others</u>	Poor	Satisfactory	Good	Excellent	<u>Further comments</u>
Ability to cope under pressure					
Honesty/Integrity					
Communication					
Team Work					

Please give details of any disciplinary action in the last two years	
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Sickness/ Attendance Record: Please confirm the applicants sickness record in the last two years:	
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Have you any reservations regarding this person working with children, young people or vulnerable adults. If so please give details of your concerns:	
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Based on your observations of the strengths and weaknesses of this candidate, please give any other information relevant to the position applicant.	
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Please confirm whether you would re-employ this candidate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please give reasons:		

In order to protect the public, the post for which the application is being made is except 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 otherwise be considered as 'spent' in relation to this application and which you consider relevant to the applicants 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.

Name of Referee:	
Position:	
Organisation:	
Address	
Telephone:	Extension:
Signed:	Date:

Thank You for your co-operation.

Please return this reference form signed and stamped or with a signed compliments slip by email (clearly scanned) to info@thepeopleshealthcare.co.uk. Alternatively you can fax the references back to **0330 900 2 999**.

Our address is stated on the first page if you wish to post the completed reference back to us.