

PLEASE READ

Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

Referee contact details:

Candidate Details

Candidate name:

Candidate professional registration:

HCPC (formerly HPC) NMC GMC GPhC RCCP Other N/A

Professional registration no:

AFC job title and band position applied for:

Your name has been provided by the applicant named above, who has applied to Pro Care Solutions to be supplied as an Agency 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 which you are able to/aware regarding his/her character and suitability to perform the role and associated duties of the position applied for.

Please provide the following information regarding the applicant named above and tick the appropriate box.

1. How long did the named applicant work for/with you or under your supervision and in what capacity, i.e. AFC job title and band, etc.?

From (Month/Year):

To (Month/Year):

Capacity:

2. Please state the nature and depth of your acquaintance to the named applicant.

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

Yes

No

Comments:

General performance of the named applicant.

Please tick as appropriate, providing additional comments in support of the statements made.

	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 skills						
Organisational ability						
Sickness/absence record						

Additional comments in support of the statements made:

4. Do you know of any factors concerning the named applicant which might cause his/her fitness for employment or reasons why the named applicant should not work in a clinical environment? If yes, please provide details below.

Yes

No

Comments:

5. Are you aware of any criminal conviction(s) relating to the named applicant? If yes, please provide details below.

Yes

No

Comments:

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

Yes

No

Comments:

7. Has the named applicant been or is currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country? If yes, please provide details below.	Yes	No
Comments:		

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

9. Would you re-employ the named applicant? If no, please provide further details below.	Yes	No
Comments:		

10. Please provide any further information which is relevant to above named applicant's application to be supplied as an Agency Worker in the position identified above?	Yes	No
Comments:		

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 otherwise be considered as 'spent' in relation to this application and which you consider relevant to the applicant's suitability for 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.

Referee Details

Reference request completed by:

Referee name:	Position:
Signature:	Date:
Tel no:	Business email:
Organisation name:	
Organisation address:	

Stamp: