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| **REFERENCE REQUEST FORM** |
| Please ensure you:  Complete all the sections of this form in CAPS letters  Please return this form completed and signed via either email or fax  Please answer all the questions honestly and accurately |

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| Your name and details have been provided to Vital 24 Healthcare Ltd by the agency worker named below, who has applied to be supplied as a temporary worker within the position above. We would be grateful if you could supply us with answers to the following questions regarding this agency worker to further support their application with Vital 24 Healthcare Ltd. Could you kindly provide us with any information of which you are aware regarding their suitability to perform this role and any associated duties for this position. All your information that you provide will be held in strictest confidence. |

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| REFEREE DETAILS | AGENCY WORK DETAILS |

|  |  |  |  |
| --- | --- | --- | --- |
| Referee Name |  | Agency Worker Name |  |
| Referee Job Title |  | NMC Pin (if applicable) |  |
|  |  | Job Title Applied for |  |
|  |  | Date |  |

|  |  |
| --- | --- |
| EMPLOYMENT DETAILS | |
| What was the worker’s Job Title while he/she was employed by you? |  |
| What was your job title while the worker was employed by you? |  |
| During the applicant’s employment, can you confirm that you held a supervisory role to this applicant? | Yes No |
| Please confirm the workers dates of Employment while working with you | From \_\_/\_\_/\_\_\_\_ To \_\_/\_\_/\_\_\_\_ |
| Please list the nature of work, specific duties & responsibilities |  |
|  | |
|  | |
| APPLICANT INFORMATION – Please provide the following information regarding the name applicant | |
| Was the applicant honest and trustworthy at all times? Please specify in full | Yes No |
|  | |
| Do you know of any factors that may affect their fitness for employment? | Yes No |
|  | |
| Do you know of any criminal convictions relating to the applicant? | Yes No |
|  | |
| Do you consider the named applicant suitable for this position? | Yes No if no, please specify below |
|  | |
| Would you re-employ the named applicant? | Yes No |
|  | |

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| APPLICATION INFORMATION – Please provide the following information regarding the named applicant | | | | |
|  | Poor | Satisfactory | Good | Excellent |
| Clinical skills relating to the requirements of this position. |  |  |  |  |
| Attitude to work, patients and other colleagues |  |  |  |  |
| General conduct |  |  |  |  |
| Timekeeping and workload management |  |  |  |  |
| Patient records and handling of sensitive information |  |  |  |  |
| Communication skills |  |  |  |  |
| Sickness and attendance record |  |  |  |  |
| Relationships with patients and colleagues |  |  |  |  |
| Working within a team environment |  |  |  |  |
| Additional comments in support of the above statements | |  | | | |
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| In order to protect the public, the position 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 1977. It is not contrary to the act to reveal and 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 for employment with Vital 24 Healthcare Ltd. Any such information will be kept in strictest confidence and used only in consideration of suitability of this applicant for a position where such an exemption is appropriate. It should be noted that under the Data Protection Act of 1998, candidates may request access to any information that is held regarding them. |

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| Referee Name |  | Signature |  |
| Referee Job Title |  | Date |  |
| Contact Number |  |  |  |
| Email Address |  | Client Stamp |
| Organisation Name |  |  |