

Dear:

Re:			
GMC or GDC registration no.		Grade:	Consultant

Your name has been provided by the applicant named above, who has applied to Asclepius Agency- and other associated company names to be supplied as a locum 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 the perform the role and associated duties of the position applied for.

Please provide the following information regarding the applicant named above:

1. How long did the named applicant work for/with you or under your supervision and in what capacity, ie clinical position/grade and specialty?

From		To	
Capacity			

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

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

Yes		No	

4. General performance of the named applicant:

Please ✓ 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						

5. 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. *Please tick the appropriate box.*

Yes		No	

6. Are you aware of any criminal conviction(s) relating to the named applicant? If yes, please provide details below. *Please tick the appropriate box.*

Yes		No	

7. Have you had any reasons to instigate disciplinary action against the named applicant? If yes, please provide details below. *Please tick the appropriate box.*

Yes		No	

8. 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. *Please tick the appropriate box.*

Yes		No	

9. Do you consider the named applicant suitable for the position identified above? If no, please provide further details below. *Please tick the appropriate box.*

Yes		No	

10. Would you re-employ the named applicant? If no, please provide further details below. *Please tick the appropriate box.*

Yes		No	

11. *Please provide any further information which is relevant to above named applicant's application to be supplied as a locum in the position identified above?*

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Reference Request completed by:

Referee name		Position	
Signature		Date	
Tel. no		Email	
Organisation name			
Organisation address			

Please verify with Hospital Stamp