

REFERENCE REQUEST FORM

Reference Request for: _____

Referee Job Title: _____

Referee Name: _____

Work Phone Number: _____

Dear Sir/Ma'am,

You have been named as a referee for the above candidate. Please could you fill in the brief questionnaire where appropriate and send us back the scanned copy of this form at recruitment@professionalhealthcare.uk

Kind regards,

EMPLOYMENT INFORMATION <i>(Please specify Month/Year)</i>	
DATES WORKED	DAYS OFF SICK
FROM: _____	TO: _____
CANDIDATE ROLE: _____	
WOULD YOU RE-EMPLOY THIS PERSON? YES NO	

	EXCELLENT	GOOD	AVERAGE	POOR
Punctuality				
Professionalism				
Clinical Skills				
Relationships with colleagues				
Relationships with patients				
Appearance				
Reliability				
Attitude				

ADDITIONAL COMMENTS

Signed: _____

Date: _____

Name: _____



COMPANY REGISTRATION NUMBER: 09787625

Mobile: 07825 665174 | Telephone: 02070 787571