



Employment Reference Request

The following person has applied to work for us at Altrix and you have been nominated by them to be their referee. We will need the following information from you in order to assess their suitability to work for us. Please fill this information out as accurately as possible. Once completed, please send this form back to us at: **Email:** info@altrix.co.uk

Candidate Employment Details		
Candidate Name		
Employed at		
Position		
Dates of Employment	From (Month/Year):	To (month/Year):
Reason for Leaving		

Candidate Assessment					
	Very Poor	Poor	Satisfactory	Good	Very Good
Colleague Relationships					
Patient Relationships					
Attitude					
Reliability					
Clinical Competency					
Honesty					
Flexibility					
How Would You Rate This Candidate Overall?					
	Very Poor	Poor	Satisfactory	Good	Very Good
Rating					

Would you re-employ this candidate?

If not, please explain why _____

Your Signature	
Print Name:	Signature:
Position: NMC Pin:	Date:
Email Address	Contact number:
By signing this reference, I declare that all information provided is accurate and factual to my knowledge, and that this information may be shared with employers.	

Hospital Stamp:



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