

Reference Request

The below candidate has applied to work with Altrix and has given your name as a referee. In order to assess the candidate's suitability for the applied position, we would be grateful if you would fill this form as accurately as possible.

Once completed, please send this form back to Altrix at info@Altrix.co.uk

Candidate Employment Details			
Candidate Name			
Job Title		Band/Grade	
Registration Body No			
Employed at			
Department/Ward			
Date of Employment from:		Date of Employment to:	

Candidate Assessment						
Please tick as appropriate	Excellent	Very Good	Good	Satisfactory	Poor	Unable to Comment
Clinical competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Patients and Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping and management of workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient records and other records management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments						
Would you re-employ this candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					

Referee Details			
Name			
Professional Email		Contact number	
Hospital / Clinic			
Address			
Signature		Date completed	

By completing this reference, I declare that I have worked with the candidate and that I'm of a SENIOR POSITION.
All information provided is accurate and factual to my knowledge, and that this information may be shared with employers.

Stamp:

If no Stamp available, please forward this form to info@Altrix.co.uk via a professional email