

URGENT REFERENCE REQUEST

Referee Name:
Business address:
Emailed on:

<p>Please return at your earliest convenience to: Eleven Sisters Community Support Services Ltd, Challenge House, SLZ 9, 616 Mitcham Road, Croydon CR0 3AA T: +44 (0)20 3903 8663 M: +44 (0)795 683 8340 Email: info@elevensisters.co.uk www.elevensisters.co.uk</p>

Applicant Surname:	
Applicant Forename:	
NMC:	N/A
Position applied for:	LOCUM RGN

Date:	
Speciality	REGISTERED GENERAL NURSE

Your name has been provided by the applicant above, who has applied to Eleven Sisters Ltd to be supplied as a locum Nurse in the position identified above. We would be grateful if you 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 perform the role and associated duties of the position applied for.

1. Please confirm /state the most recent dates in which the applicant worked with you and in what grade /speciality was at that time?				
From (Please state month and year)		TO		AT
Your position				
Did this applicant work /worked directly under your supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>				

2. Do you consider the applicant suitable for the position identified above? Please tick the appropriate box. If no, please give details below.
Yes () NO()

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

In order to protect the public, the past for which the application is being made is exempt from section 4(2) of the rehabilitation of offender's act 1947 by virtue of the rehabilitation of offenders Act 1974(exceptions) order 1975. It is not therefore in any way contrary to the act to reveal any 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 applicant's suitability for employment. Any such information will be

kept in strictest confidence and used only in the consideration of the suitability of this applicant for a position where such an exemption is appropriate.

4. Please V as appropriate, providing additional comments in support of the statements made	Excellent	Very good	good	satisfactory	Poor	Unable to Comment
• 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						

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

Yes () NO()

6. Supporting Statement or written references- Please also use this space to let us know if any further information which is relevant to the above named applicant's application to be supplied as a locum in the position identified.

Please complete all the boxes below

Referee name		Position	
Signature		Date	dd/mm/yyyy
Tel no.		Work Email	
Hospital Name			
Hospital Trust			
Hospital Address			

If you are unable to provide us with a stamp, Please send us a compliment slip/headed paper with the reference.

**Your co-operation is much appreciated
Eleven Sisters Community Support Services Ltd**

Hospital Stamp