

# EMPLOYMENT REFERENCE REQUEST



Dear sir/madam

You have been requested to complete a reference request form for

The applicant has applied to join OneCall24 as an agency nurse and has put you down as a point of contact. The applicant will be required to work in a number of institutions such as hospitals.

Please may I ask you to complete the form to the best of your ability, carefully answering all of the questions which will relate to the performance of the applicant within the work place. As a referee, you would have worked with the applicant at the time of their employment as their senior.

Lastly, please can you provide either a company stamp, compliments slip (signed), Business card, letter head (signed) and your signature to support the reference form. Thank you in advance for your co-operation in this matter.

**OneCall24**

## Reference information

Candidate's full name

Job role

Band during time of employment

Employed from date

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Employed until date

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Full-time

☐

Part-time

☐

Referee full name

Referee band/grade

Department

Organisation

# Performance feedback

Please tick the appropriate box in accordance to your view on the applicants performance in the following areas.

	Poor	Satisfactory	Good	Excellent
Attitude to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalation reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you feel that the applicant has the skill set and experience to cope with the demands of this role? <i>If no, please explain reasons on page 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has candidate been involved in any disciplinary procedures or dismissed since commencing their employment with your organisation? <i>If yes, please explain reasons on page 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Would you re-employ this candidate? <i>If no, please explain reasons on page 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this reference. Please confirm this reference with your signature, full name and date below.

Signature

Full name

Date – DD MM YYYY

**Your comments**