**REFERENCE REQUEST FORM**

**Strictly Private & Confidential**

The person named below has applied for a post with Tower Hamlets GP Care Group CIC and has provided your details as a referee. I would be grateful if you could complete a reference for them.

*Section completed by Tower Hamlets GP Care Group CIC*

|  |  |
| --- | --- |
| **Applicant Details** | |
| Name of applicant |  |
| Position offered |  |
| **Referee Details** | |
| Name of referee |  |
| Job title of referee |  |
| Employing organisation |  |
| Date reference requested |  |

*Section completed by referee*

|  |  |  |  |  |  |  |  |  |  |  |
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| **Confirmation of Referee Details** | | | | | | | | | | |
| Name of organisation | | | | |  | | | | | |
| Name of person completing the reference | | | | |  | | | | | |
| Job title of referee | | | | |  | | | | | |
| Relationship with applicant | | | | |  | | | | | |
| If a different person is completing the reference please explain why | | | | |  | | | | | |
| Are you related to the applicant? | | | | |  | | | | | |
| **Confirmation of Applicant Details** | | | | | | | | | | |
| What position did they hold | | | | |  | | | | | |
| Brief summary of duties: | | | | |  | | | | | |
| Employment start & finish dates | | | | | From: | | | | To: | |
| Reason for leaving | | | | |  | | | | | |
| **General Information** | | | | | | | | | | |
| **Please tick the appropriate box to comment on the applicant** | | **Poor** | | | | | **Satisfactory** | **Good** | | **Excellent** |
| Time keeping | |  | | | | |  |  | |  |
| Reliability | |  | | | | |  |  | |  |
| Trust worthiness | |  | | | | |  |  | |  |
| Work performance | |  | | | | |  |  | |  |
| Attitude to work | |  | | | | |  |  | |  |
| Relationships with colleagues | |  | | | | |  |  | |  |
| Relationships with clients/customers | |  | | | | |  |  | |  |
| Flexibility | |  | | | | |  |  | |  |
| Have you had any concerns about the applicant’s work performance? | | | | | | | | NO | | YES |
| Details if applicable: | |  | | | | | | | | |
| **Sickness Information** | | | | | | | | | | |
| Number of days off sick in the past 12 months | | | | | |  | | | | |
| Number of occasions off sick in the past 12 months | | | | | |  | | | | |
| **Additional Information** | | | | | | | | | | |
| Is this applicant under any current disciplinary action? | | | | | | | | NO | | YES |
| Details if applicable: | | |  | | | | | | | |
| Are you aware of any reason why this person would not be suitable to work with Vulnerable Adults or Children? | | | | | | | | NO | | YES |
| Details if applicable: | | |  | | | | | | | |
| **Please provide any other information you think may be relevant** | | | | | | | | | | |
|  | | | | | | | | | | |
| Would you re-employ this person? | YES | | | NO (Please explain why) | | | | | | |

Many thanks for taking the time to complete this reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of referee |  | Date |  |

Please return by email from your company email account. Alternatively the form can be posted to HR, Tower Hamlets GP Care Group CIC, c/o St Andrews Health Centre, 2 Hannaford Walk, Bow, London, E3 3FF [if posting please mark the reference form with a company stamp or submit with a covering letter on company headed note paper].

*Section completed by Tower Hamlets GP Care Group CIC [if reference taken over the phone]*

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| --- | --- |
| Name of person taking the reference |  |
| Job title of person taking reference |  |
| Signature of person taking reference |  |
| Date |  |