

PERSONNEL REFERENCE FORM

Dear,

Date:

RE:

Your name has been provided by the applicant named above, who has applied to Vitality Healthcare Services Limited to be supplied as a temporary worker in the position identified below. We would be grateful if you would reply to the following questions regarding this applicant and provide in confidence any information of which you are aware regarding his/her character and suitability to the perform the role and associated duties of the position applied for. You must be a higher band than the candidate and have managed or supervised him/her.

Could you please complete the attached reference, and return it to us via email to admin@vitalityhcs.co.uk

PLEASE SIGN AND STAMP THE REFERENCE FORM BEFORE RETURNING.

If you have any queries regarding this, please do not hesitate to contact the nursing registration team on 074 4877 5981.

I would like to take this opportunity to thank you for your assistance in this matter.

Yours sincerely,

Kehinde Agboola
Compliance Manager
Vitality Healthcare Services Limited

This information is strictly confidential and will be made available only to those who are directly involved in the employment of the candidate. If you do not wish for this reference to be made available please tick here:

Please provide the following information regarding the applicant named above:

Name of Candidate:					
Position:	RGN	NHS Band:			
Dates in Your Employment	From:	Month:	Year:	To:	Month: Year:
How Long Have You Known The Applicant?					

<u>Professional Skills & Experience</u>	Poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments
Clinical Skills						
Clinical Knowledge						
Organisational Skills						
Management Skills						

<u>Attitude to Work and Training</u>	Poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments
Willingness To Learn						
Contribution to the department						
Punctuality						
Reliability						
Self Motivation						

<u>Personality and Attitude to Others</u>	Poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments
Ability to Cope Under Pressure						
Honesty / Integrity						
Communication and Team Work						

<u>Disciplinary Record</u>	<i>Please give details of any disciplinary action in the last two years</i>

<u>Sickness/Attendance Record</u>	<i>Please confirm the applicants sickness record in the past two years</i>

<u>Safeguarding Adults and Children</u>	<i>Do you have any reservations regarding this person working with children, young people or vulnerable adults? If so please give details of your concerns.</i>

<u>Additional Information</u>	<i>Based on your observations of the strengths and weaknesses of this candidate please give any other information relevant to the position application.</i>

<u>Please confirm whether you would re-employ this candidate</u>	Yes / No
<i>If No Please Give Reasons</i>	

In order to protect the public, the post for which the application is being made is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 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 consideration of the suitability of this applicant for a position where such an exemption is appropriate.

Please be aware that the reference you provide will be shared with prospective clients of the candidate, the candidate themselves and third parties for auditing purposes. Please advise in your reference if you do not wish for this document to be shared with any of the above parties

Name of Referee:			
Position:		NHS Band: (must be higher band than candidate)	
Organisation: (please stamp reference)			
Signature:		Date:	

Please return this reference form to me **SIGNED AND STAMPED IN THE BELOW BOX, OR WITH A SIGNED COMPLIMENTS SLIP** by email (admin@vitalityhcs.co.uk) or to Vitality Healthcare Services Limited, 56 Lenthall Avenue Grays, Essex RM17 5AT.

Thank you for your co-operation.

