



Quest Locums

Reference Request Form

Phone : 01455 246 300
 Fax : 01455 819 810
 team@quest.agency

| | |
|---|--------------|
| From (Referee Name): | |
| To: Quest Medical Locums Limited | Date: |
| Applicant name | |
| GMC/NMC/HPA Number | |
| Position Applied For | |

Your name has been provided by the named applicant above who has applied to the above named agency to be introduced for hire on Assignments in the position identified above. We would be grateful if you would 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.

Please provide the following information regarding the applicant named above:

How long did the named applicant work for/with you or under your supervision and in what capacity, i.e. clinical position/grade and specialty? Please state the nature and depth of your acquaintance to the named applicant?

| | | | |
|---|--|-----------|--|
| From | | To | |
| Capacity and Level of Acquaintance | | | |

| | |
|---|---------------|
| Do you believe the named applicant to be honest, conscientious and discreet? Please select Yes/No. If no, please provide further details below. | Yes/No |
| | |
| Do you consider the named applicant suitable for the position identified above? Please select Yes/No. If no, please provide further details below. | Yes/No |
| | |
| Would you re-employ the named applicant? Please select Yes/No. If no, please provide further details below. | Yes/No |
| | |

| | |
|--|---------------|
| Please answer the following questions by selecting Yes/No. If Yes Please provide details below | Yes/No |
| Are you aware of any criminal conviction(s) relating to the named applicant? | |
| Do you know of any factors concerning the named applicant which might cause his/her fitness for employment or reasons why the named applicant should not work in a clinical environment? | |
| Have you had any reasons to instigate disciplinary action against the named applicant? | |
| Has the named applicant been or is currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country? | |
| | |



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General performance of the named applicant:

| Please choose as appropriate, providing additional comments in support of the statements made (Unable to comment/Unsatisfactory/Borderline/Satisfactory/Good/Very Good/Excellent) | |
|---|--|
| 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 | |
| | |

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.

Employer Reference Request completed by:

| | | | |
|---------------------|--|-----------------------|--|
| | | | |
| Signature | | | |
| Referee Name | | GMC/NMC Number | |
| Title/Post | | Telephone | |
| Email | | Date | |

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|---|
| Organisation Name: |
| Organisation Details/Hospital Stamp/Attach Complementary Slip: |