

**REFEREE REPORT FORM**  
**FOR POSITIONS IN MEDICAL/DENTAL**

Name and address of the Candidate:

Name	
Address	

1. How long did the named applicant work for/with you or under your supervision and in what capacity, ie clinical position/grade and specialty?

From		To	
Capacity			

2. Please state the nature and depth of your acquaintance to the named applicant?

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

Yes		No	

4. 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? If yes, please provide details below. *Please tick the appropriate box.*

Yes		No	

5. General performance of the named applicant:

Please ✓ as appropriate, providing additional comments in support of the statements made	Unable to comment	Poor	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						
Organizational ability						
Sickness/absence record						
Additional comments in support of the statements made						

6. Are you aware of any criminal conviction(s) relating to the named applicant? If yes, please provide details below. *Please tick the appropriate box.*

Yes		No	

7. Have you had any reasons to instigate disciplinary action against the named applicant? If yes, please provide details below. *Please tick the appropriate box.*

Yes		No	

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

Yes		No	

9. Please provide any further information which is relevant to above named applicant's.

Signature of the Referee: .....

Name of the Referee: .....

Designation: .....

Official Address: .....

.....

.....

E mail: .....

Phone No: .....

Date: .....