

Reference Form

Supplier name:

Referee's business address:

Address:

Telephone:

Email:

Website:

Date:

To:

Re:	Temporary Worker's full name:
AFC job title and band position applied for:	

Your name has been provided by the above named temporary worker who has applied to Computer Futures to be supplied for hire on temporary assignments or direct engagements 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 the 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. AFC Job title and band etc?

From		To	
Capacity			

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

- 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. 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
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 or other records management						
Reliability						
Communication skills						
Supervisory skills						
Organisational ability						
Sickness/absence record						
Additional comments in support of the statements made						

5. 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	

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. Do you consider the named applicant suitable for the position identified above? If no, please provide further details below. Please tick the appropriate box.

Yes		No	

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

Yes		No	

10. Please provide any further information which is relevant to above named applicant's application to be supplied as a temporary in the position identified above?

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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:

Referee name		Position	
Signature	<i>Sara Williams</i>	Date	
Tel. No		Email	
Organisation name and address			

CONFIRMATION OF EMPLOYMENT (WITHOUT SICKNESS ABSENCE) REQUEST PRE-OFFER REQUEST: it be used where requesting information PRIOR to a conditional offer being made			
Name of the applicant			
National Insurance number or date of birth			
Please confirm employment dates		From:	To:
Please confirm the applicant's current/most recent job title and grade			
1. Are there any current warnings on the applicant's record?		Yes	No
If Yes, Please five details:			
2. Is the applicant currently under investigation for any matter (incl. conduct, capability or performance) under any of your employment policies?		Yes	No
3. Please provide details of when your last completed a CRB/DBS check			
- Date when CRB/DBS check was last completed		Date	
- Please indicate the level of CRB/DBS check undertaken (Standard/Enhanced/or Enhanced with Barred List check)		Level	
- If Enhanced with Barred List check was undertaken, please indicate which barred list this applies to		Adults Children Both	
-Did the check return any information that required further investigation		Yes	No
4. Are you aware of any recent/outstanding allegations that were made against the applicant that relate to safeguarding issues/or referrals (including any referrals to the Disclosure and Barring Service or Independent Safeguarding Authority)?		Yes	No
If yes, please five details:			
5 The answers given above have been provided in good faith and are correct to the best of my knowledge and belief.			
Referee name (please print):		Signature: <i>Sara Williams</i>	
Email address:		Telephone number:	
Date:			
Date Protection This form contains personal data as defined by the Data Protection Act. This data has been requested by the Human Resourced/Workforce Department exclusively for the purpose of recruitment. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.			

Should training have been held while the applicant was employed, please complete the below form.

CONFIRMATION OF TRAINING REQUEST			
Name of the applicant			
Date of Birth			
Current home-address of applicant			
Reference number			
Please confirm study dates	From:	To:	
Please confirm the course on which the applicant was registered			
Please confirm the qualifications that the applicant achieved			
1. Was the above named person subject to any disciplinary or given any warnings about their conduct during the time that they were on your course?	Yes	No	
If Yes, Please five details:			
2. Are you aware of any recent or outstanding allegations which were made against the applicant that relate to any safeguarding issues/referrals (including any referrals made to the Disclosure and Barring Service or Independent Safeguarding Authority)?	Yes	No	
If Yes, Please five details:			
3. The answers given above have been provided in good faith and are correct to the best of my knowledge and belief.			
Referee name (please print):	Signature: <i>Sara Williams</i>		
Email address:	Telephone number:		
Date:			
<p>Date Protection This form contains personal data as defined by the Data Protection Act. This data has been requested by the Human Resourced/Workforce Department exclusively for the purpose of recruitment. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.</p>			