



### Reference Request

Please send completed reference forms to this address:	Human Resources Department SIMA PERFECT CARE LIMITED Unit 129, Innovation Centre, Green St, Northampton, NN1 1SY
	Info@simaperfectcare.co.uk

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Sir/Madam,

Applicants Name	
NMC (If applicable)	
Position Applied For:	

Your name has been provided by the applicant named above, who has applied to Knighton Care for 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 or aware of 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:

Please state the date the named applicant worked with you and in what capacity, i.e. grade and specialty?	
Date started	
Date finished	
Position held	
Your relationship to the named applicant	

Do you consider the named application suitable for the position identified above? If no, please provide further details below

Yes [ ] No [ ] *Please tick appropriate box*

*Further details:-*



**Do you believe the applicant to be honest, conscientious and discreet? If No, please provide more details below**

**Yes [ ] No [ ]** *Please tick appropriate box*

*Further details:-*

**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/care environment? If Yes, please give details**

**Yes [ ] No [ ]** *Please tick appropriate box*

*Further details:-*

**Have you had any reasons to instigate disciplinary action against the named applicant? If Yes, please give details**

**Yes [ ] No [ ]** *Please tick appropriate box*

*Further details:-*

**General Performance of named applicant:**

Please ✓ as appropriate, providing additional comments in support of the statements made	Unable to comment	Poor	Satisfactory	Good	Very Good	Excellent
<b>Mandatory/Clinical Skills demonstrated in line with the requirements of the position</b>						
<b>Relationships with patients/service users, other healthcare workers and the public</b>						
<b>Timekeeping and management of workload</b>						
<b>Patient/Service user records and other records management</b>						
<b>Reliability</b>						
<b>Communication skills</b>						
<b>Supervisory skills</b>						
<b>Organisational ability</b>						



**SIMA PERFECT CARE LIMITED**  
Empathy, Respect & Dignity

<b>Sickness/absence record</b>						
<b>Additional comments in support of the statements made</b>						

<b>Would you re-employ the named applicant?</b>	Yes [ ] no [ ]
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<b>Please provide any further information which is relevant to the above named applicant's application to be supplied in the position identified including any concerns, outstanding complaints or incidents?</b>

**Please complete all the boxes below;-**

<b>Referee Name</b>	
<b>Position</b>	
<b>Signature</b>	
<b>Home / Hospital name</b>	
<b>Telephone Number</b>	
<b>Email address</b>	
<b>Date</b>	