**CANDIDATE REFERENCE FORM**

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| --- | --- |
| **Candidate’s Name:** |  |
| **Candidate IMC Number:** |  |
| **Candidate’s Date of Employment** |  |
| **Candidate’s Post:** |  |
| **Place of Employment:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **ASSESSMENT** | | | | |  |
|  | **Poor** | **Average** | **Good** | **Excellent** | **Comments** | |
| **ABILITY** |  |  |  |  |  | |
| Theoretical Knowledge |  |  |  |  |  | |
| Clinical Judgement |  |  |  |  |  | |
| **CAPACITY & MOTIVATION** |  |  |  |  |  | |
| Willingness to Learn |  |  |  |  |  | |
| Work Organistation |  |  |  |  |  | |
| Medical Records |  |  |  |  |  | |
| Punctuality |  |  |  |  |  | |
| Attendance Record |  |  |  |  |  | |
| Conduct |  |  |  |  |  | |
| **RAPPORT & CO-OPERATION WITH:** |  |  |  |  |  | |
| Patients & Relatives |  |  |  |  |  | |
| Medical Staff |  |  |  |  |  | |
| Other Staff |  |  |  |  |  | |
| **POTENTIAL FOR THE FUTURE** |  |  |  |  |  | |
| **GENERAL COMMENTS** |  | | | | |  |

Are you prepared to state, without qualification, that you would;

1. Yourself re-employ the applicant yes { } no { }
2. Recommend him/her to another employer as a person whose character is in all respects satisfactory? yes { } no { }

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_