**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_