



## AB WOOLLEY LTD.

### Reference Request Form

Name of Applicant:			
Position Applied For:			
Applicant date of Birth:			
NMC Pin No.		Expiry Date:	

The applicant named above, who has applied to the AB WOOLLEY LTD., has provided your name as a reference. We would, be grateful if you could complete our Reference Form at your earliest convenience and provide a confidence information which you are aware of regarding the character and suitability of this applicant to perform the role and associated duties of the position applied for.

Competencies	Excellent	Good	Satisfactory	Poor
Timekeeping / Reliability				
Patient/Record Management				
Communication Skills				
Relationships with colleagues/patients				
Honesty/Discretion				
Clinical Skills				
Supervisory Skills (If applicable)				
Additional Comments:				

How long did the named applicant work for you or under your supervision and can you confirm the job title of this applicant?

Date of Employment:	From:		To:	
Job Title:				

Has the named applicant been or is currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body? If yes, please provide details below and please tick the appropriate box.

Yes:		No:	
<i>If yes, please provide details:</i>			

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

Yes:		No:	
<i>If yes, please provide details:</i>			

Are you aware of any criminal convictions relating to the named applicant? If yes, please provide details below and please tick the appropriate box.

Yes: <i>If yes, please provide details:</i>	No:

# AB WOOLLEY LTD.

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

Yes: <i>If no, please provide details:</i>	No:

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

Yes:		No:	
<i>If no, please provide details:</i>			

To help us identify any training needs and verification of certificates could you please specify if the candidate has attended any of the following study days In-house

TRAINING ATTENDED	Y/N	TRAINING ATTENDED	Y/N
IV intravenous & Drug calculation Update		Control & Restraint	
Venepuncture and Cannulation		Basic Life Support	
Tracheostomy workshop		Manual Handling	
Stoma care		Diabetes Study Day	
Hickman/PICC lines		Any other specific title:	

*Please ensure that you clarify the department or ward that the candidate has worked and specify your relevant band or grade appropriately.*

Name:		Position/Grade	
Date:		Department/Ward	
Signature:			

**TRUST STAMP**

**NB: FOR VALIDATION REASONS PLEASE MAKE SURE THAT THIS REFERENCE DISPLAYS THE TRUSTS OFFICIAL STAMP OR IS RETURNED BACK WITH A COMPLIMENT SLIP OR LETTER HEAD DISPLAYING THE TRUSTS NAME**

