

CANDIDATE REFERENCE REQUEST

In accordance with our Terms of Business, TLA Group offer the opportunity for every candidates' performance to be evaluated and recorded to ascertain the suitability of placing the candidate in future assignments. We require a member of staff, senior to that of the candidate, to complete this reference and allow us to continue to provide the highest possible standards.

Candidate Work History Details

Name:		Start Date:		End Date:	
Position/Duties of Candidate:					

Candidate Work Rating and Skills Assessment

<i>Please tick in appropriate column</i>	EXCELLENT	GOOD	AVERAGE	POOR
KNOWLEDGE				
Standard of Work				
Performance				
Clinical Knowledge				
Skills & Work Capability				
Managerial Skills (if applicable)				
ATTITUDE				
Reliability /Attendance / Time Keeping				
Communication				
Commitment / Enthusiasm				
Flexibility				
Honesty & Integrity				
Interpersonal Skills				
RELATIONSHIPS				
Relationship with Patients				
Relationship with Colleagues				
Relationship with Other Staff				
PERSONAL ATTRIBUTES				
Appearance				
Professionalism and Conduct				

Reason for Candidate leaving: _____

If a suitable position became available would you re-employ this candidate: ☐ YES ☐ NO

What was the nature of this candidate's employment? ☐ Permanent ☐ Bank Staff ☐ Contract ☐ Agency

Are there any other comments you would like to make about this candidate? (Please comment below)

Name of Referee: _____

Position: _____

Hospital/Organisation: _____

Working Relationship to Candidate: _____

Signed: _____ **Date:** _____

Please use your official stamp here:

Please note that should the applicant request a copy of this completed reference under GDPR, this will be provided to them. In this instance, if you want this reference to be anonymous, tick this box ☐

PLEASE COMPLETE IN FULL AND RETURN BY FAX TO: 01277 280635 or email to info@tlagroup.co.uk