

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:			Band/Grade:		
Brief Duties of Candidate:					

Candidate Work Rating and Skills Assessment

Please tick in appropriate column	EXCELLENT	GOOD	AVERAGE	POOR	NOT APPLICABLE
KNOWLEDGE					
Standard of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills & Work Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managerial Skills (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE					
Reliability /Attendance / Time Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment / Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS					
Relationship with Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Other Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL ATTRIBUTES					
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism and Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ Band /Grade: _____

Hospital/Organisation: _____

Email: _____ Tel: _____

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