

## CLINICAL REFERENCE REQUEST FORM

*THESE COMMENTS WILL BE HELD IN THE APPLICANT'S PERSONAL FILE.*

Referee Name

.....

Referee:

Contact Address

E mail & tel no;

.....

Applicant Full Name

.....

Post Applied For

.....

### TO BE COMPLETED BY THE REFEREE

*These comments are made available to the employer routinely and applicant on request.*

#### General Information

1. How long have you known the applicant? .....

2. In what capacity is he/she known to you? .....

3. Was their time-keeping/ punctuality/ meeting deadlines satisfactory? **YES/NO**

*If NO, please give details:* .....

.....

4. To the best of your knowledge, has the applicant been subject to any relevant disciplinary proceedings, where action has been taken? **YES/NO**

*If YES, please give details:* .....

.....

5. Do you have any concerns about honesty and trust? **YES/NO**

*Please give details*

.....

6. In accordance with the Rehabilitation of Offenders Act 1974 Exception Order 1975 are you aware of any criminal convictions or cautions, which may affect the applicant's suitability for employment? **YES/NO**

**If YES, the Deanery recommends that the potential employer/PCT carries out their own check.**

7. Do you know of or are there any factors concerning this individual which might affect his/her fitness for employment?

YES/NO

*If so please give details.*

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8. Would you be willing to have this individual as an employed member of staff?

YES/NO

*If not, please give reasons why.*

.....

9. Could you please give your personal views regarding the candidate's ability in the following areas in relation to work as a vocational dental practitioner / dental foundation trainee (please tick appropriate box):

	Strengths			Areas Needing Development	
	1	2	3	4	5
Appropriate level of clinical knowledge					
Diagnostic skills					
Ability to apply these to clinical dentistry					
Communication skills, both spoken & written in English					
Reliability					
Empathy & sensitivity					
Personal organisation & administrative skills					
Interpersonal skills					
Contribution to team decisions					
Working with colleagues					
Ability to cope with pressure					

Time management					
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Please provide evidence to support this

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10. Sickness absence record (please circle): Good / Fair / Poor

Please indicate the number of days and number of sickness episodes recorded during the last 3 years (if available)

..... days

..... episodes

Comments:

.....

.....

.....

Please make any other relevant observations about this individual

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.....

.....

Please tick one of the following statements:

- 11. I am not aware of any proceedings or of any act or omissions that might raise questions about this dentist's conduct, health or performance.
  - 12. I am aware of proceedings or acts or omissions that might raise questions about this dentist's conduct, health or performance.
- If Yes to question 12 please give details*

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**Signed** ..... **Full name (PRINTED)** ..... **Date** .....

**Contact Tel** ..... **Contact e mail** .....

**Title/Position** .....

**GDC Number**

## **Guidance to Referees:**

- **This is not used as a blanket testimonial for circulation by the job seeker. It is however a common format to help Universities provide references about multiple graduates to contain the information likely to be required by PCTs and employers.**
- **This reference will used alongside standard NHS employment checks of previous employment, qualifications etc**
- **Please note advice about the use of structured references from NHS Employers**