



## HEALTHCARE PROFESSIONALS RECRUITMENT GROUP

Jhumat House, 160 London Road, Barking IG11 8BB

Tel. No: 0203 633 1021 Mob: 07398 158 285

### REFERENCE REQUEST FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NMC PIN NO: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NI NO: \_\_\_\_\_

#### PLEASE GIVE DATES THE APPLICANT WAS EMPLOYED BY YOUR ORGANISATION

FROM: (Day / month / year): \_\_\_\_\_ TO: (Day/Month/Year): \_\_\_\_\_

Give Your Relationship with Applicant: \_\_\_\_\_

#### Please indicate by circling the area that fit the Applicant's work in your Organisation

P – POOR S – SATISFACTORY G – GOOD E - EXCELLENT

Punctuality:	P	S	G	E
Honesty:	P	S	G	E
Sickness record:	P	S	G	E
Reliability:	P	S	G	E
Agency work suitability:	P	S	G	E

Problem re-employing the Applicant? YES \_\_\_ NO \_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTHCARE PROFESSIONALS RECRUITMENT GROUP

info@healthcareprofessionalsgroup.co.uk  
www.healthcareprofessionalsgroup.co.uk

Tel. No: 0203 633 1021 Mob: 07398 158 285 Company number: 00417165



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### CRIMINAL CONVICTIONS

In order to protect the public, the post for which this application is being made is exempt from section 4.2 of Rehabilitation of Offenders Act 1974 (Exemption Order 1975). It is not therefore in any way contrary to the Act to reveal any information you have concerning convictions which would otherwise be considered as "spent" in relation to this application and which you consider relevant to the applicant's suitability for employment.

#### Please Circle and Give details on the following:

Has the Applicant disclosed any criminal convictions to you? Yes No

If yes, please comment: \_\_\_\_\_

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Was a CRB Check carried out on Applicant? Yes No

If yes Date completed: \_\_\_\_\_ Authority responsible: \_\_\_\_\_

Were any convictions found? Yes No

If yes, please give details: \_\_\_\_\_

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#### Please continue on a separate sheet of headed paper if necessary:

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**Please note – this request is invalid unless endorsed with your official stamp, headed paper or a compliment slip. Please place your official stamp below or specify which you have enclosed.**

Official Stamp: Yes No Headed Paper enclosed: Yes No

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Compliment slip enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

May we send you further information about HEALTHCARE PROFESSIONALS RECRUITMENT GROUP? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Organisation use temporary administration staff? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we send you further information about HEALTHCARE PROFESSIONALS RECRUITMENT GROUP? Yes \_\_\_\_\_ No \_\_\_\_\_

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