



Suite 5, 2<sup>nd</sup> Floor Tower House, 3 Cromwell Road, Redhill, Surrey  
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## Reference Form

<b>Applicant's Name:</b>	
<b>Position Applied for:</b>	<b>NURSE</b> <input type="checkbox"/> <b>HEALTHCARE ASSISTANT</b> <input type="checkbox"/>
<b>Referee's Name:</b>	
<b>Referee's Occupation</b>	
<b>Contact Number</b>	
<b>Company Name &amp; Address:</b>	
<b>How long have you known the Applicant for?</b>	(min 6 months)
<b>In what capacity do you know the Applicant?</b>	(i.e. line manager, employer, colleague)

Using the scale provided below, please rate the Applicant in the following categories:

<b>EXCELLENT</b>	<b>VERY GOOD</b>	<b>GOOD</b>	<b>POOR</b>	<b>UNSATISFACTORY</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

<b>WORK CHARACTERISTICS</b>	<b>SCORE 1-5</b>
1. Suitability for Agency Work	
2. Professional Competency	
3. Ability to Work within a Team	
4. Reliability and Dependability	
5. Honesty	
6. Communication Skills	
7. Punctuality	
Please comment on the score you rated poor or unsatisfactory.	
Special Remarks:	

Date:

Signature: \_\_\_\_\_

