



Codladh Sámh

*You Love: We Care*

## Confidential Reference Request Form

Candidate Name:		Organisation name	
Current Position:			
Dates of Employment:			
Job Title of Referee:			

Referee Name: \_\_\_\_\_

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

Referee Contact No: \_\_\_\_\_

Referee Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mark the appropriate box with an X**

Criteria	Assessment of Criteria					Comments
	Poor	Fair	Average	Good	Excellent	
<b>Motivation and Capacity:</b>						
Enthusiasm to learn						
Time Management Skills						
Punctuality						
Attendance						
Conduct						
<b>Rapport with</b>						
Patients and Relatives						
Medical Staff						
Other Staff						
<b>Clinical Ability:</b>						
Knowledge & Application						
Additional Comments:						

Would you re-employ this Candidate in your department?      Yes [ ]      No [ ]

Must be signed to validate:

Organisation Stamp: