

APPLICANT REFERENCING FORM

Applicant's Name:	Date of Birth
Applicant's position:	
Establishment/Company:	

Referee's Name:	Tel Nos.:
Referee's Position:	Email add:

- Please describe your employment relation with the candidate? If none, in what capacity did you observe the candidate's work?

- How many years have you worked with the applicant? _____
- How many sick days did the applicant have in employment? _____

Please Comment Briefly on the following: Please check appropriate box

	Excellent	Very Good	Good	Satisfactory	Poor
Attendance					
Quality of Work					
Ability to supervise others					
Time Keeping					
Relationship with colleagues					
Patient Interaction					
Equipment Knowledge					
Overall Performance					

What is your overall assessment of the candidate?

How much supervision does this person require? _____

To your knowledge, has the candidate been CRB checked? Yes/ No. If Yes, by whom?

Are there additional comments you'd like to make? _____

Would you rehire this applicant? _____

Signature: _____

Date _____

Thank you for completing this form, kindly attach company stamp, letterhead or compliment slip to verify