${consultant\_name}

${consultant\_position}

${hospital\_name}

${trust}

${street\_address}, ${town}

${county}

${postcode}

**RS iGroup**

Suite 20, 2 Bath Road

Hounslow

Middlesex

TW3 3HJ

${date\_sent}

Dear ${consultant\_name}

**Re: Dr ${doctor\_name} GMC Number: ${GMC\_no}, Position: ${position\_applied}**

Your name has been provided by the Doctor named above, who has applied to RS iGroup & Associated Companies:

**Recruitment Synergy | iSpecialist | Harley Street Recruitment**

To be supplied as a locum in the position identified above. We are informed that this Doctor worked with you from to and we would be very grateful if you could complete a reference on Trust headed paper and addressed to RSi Groupas detailed below at your earliest convenience.

*Alternatively, if preferred please complete the attached NHS structured references template.*

If you could comment on the suitability of the Doctor to work at the level applied for detailing:

* Clinical skills demonstrated in line with the requirements of the position
* Time keeping and management of workload
* Communication skills and organizational ability reliability
* Patients records and record management
* Grade you would recommend this Doctor to work at together with any further information which is relevant to the application

Could you please ensure your name, position and the date are clearly noted on the reference and if this document is typed, that it also contains your signature.

Any information you provide will be treated in the strictest confidence in accordance with relevant legislation.

**Please email your response to:** [**compliance@rsi.agency**](mailto:compliance@rsi.agency)

**or by fax to: (+44) 02038681674**

**Or Post Your Response To: RS iGroup, Suite 20, 2 Bath Road, Hounslow, Middlesex, TW3 3HJ**

**If you have any queries please contact us at 0208 004 7801 or 0208 004 7802**

I would like to thank you in advance for your assistance in this matter.

Yours sincerely,

Compliance Team

${consultant\_name}

${consultant\_position}

${hospital\_name}

${trust}

${street\_address}, ${town}

${county}

${postcode}

**RS iGroup**

Suite 20, 2 Bath Road

Hounslow

Middlesex

TW3 3HJ

Dear ${consultant\_name}

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** | ${doctor\_name} | | |
| **GMC/GDC NO:** | ${GMC\_no} | **POSITION APPLIED FOR:** | ${position\_applied};  ${d\_grade} |

Your name has been provided by the applicant named above, who has applied to to RS iGroup & Associated Companies:

Recruitment Synergy | iSpecialist | Harley Street Recruitment

To be supplied as a locum in the position identified above. We would be grateful if you would reply to the following questions regarding this applicant and provide in confidence any information which you are able to/aware regarding his/her character and suitability to the perform the role and associated duties of the position applied for.

Please provide the following information regarding the applicant named above. If you require further space please continue on a separate sheet.

*How long did the named applicant work for/with you or under your supervision an in what capacity. i.e. clinical position/grade and speciality ?*

|  |  |  |  |
| --- | --- | --- | --- |
| From Date | ${from\_date} | To Date | ${to\_date} |
| Capacity |  | | |

1. Please state the nature and depth of your acquaintance to the named applicant?

|  |
| --- |
|  |

2. Do you believe the named applicant to be honest, conscientious and discreet? If no, please provide further details below. ***Please tick the appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

3. Do you know of any factors concerning the named applicant which might cause his/her fitness for employment or reasons why the named applicant should not work in a clinical environment? If yes, please provide details below. ***Please tick the appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

4. General performance of the named applicant:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please ✓ as appropriate, providing additional comments in support of the statements made | Unable to  Comment | Poor | Satisfactory | Good | Very Good | Excellent |
| Clinical skills demonstrated in line with the requirements of the position |  |  |  |  |  |  |
| Relationships with patients, other healthcare workers and the public |  |  |  |  |  |  |
| Timekeeping and management of workload |  |  |  |  |  |  |
| Patient records and other records management |  |  |  |  |  |  |
| Reliability |  |  |  |  |  |  |
| Communication skills |  |  |  |  |  |  |
| Supervisory skills |  |  |  |  |  |  |
| Organisational ability |  |  |  |  |  |  |
| Sickness/absence record |  |  |  |  |  |  |
| Additional comments in support of the statements made | | | | | | |
|  | | | | | | |

5. Are you aware of any criminal conviction(s) relating to the named applicant? If yes, please provide details below.

***Please tick the appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

6. Have you had any reasons to instigate disciplinary action against the named applicant? If yes, please provide details

below. ***Please tick the appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

7. Has the named applicant been or is currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country? If yes, please provide details below.

***Please tick the appropriate box****.*

|  |
| --- |
| Yes ( ) No ( ) |

8. Do you consider the named applicant suitable for the position identified above? If no, please provide further details below. ***Please tick the appropriate box****.*

|  |
| --- |
| Yes ( ) No ( ) |

9. Would you re-employ the named applicant? If no, please provide further details below**. *Please tick the***

***appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

10. Please provide any further information, which is relevant to above named applicant’s application to be supplied as

a locum in the position identified above? ***Please tick the appropriate box.***

|  |
| --- |
| Yes ( ) No ( ) |

In order to protect the public, the post for which the application is being made is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. It is not therefore in any way contrary to the Act to reveal any information you may 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. Any such information will be kept in strictest confidence and used only in consideration of the suitability of this applicant for a position where such an exemption is appropriate.

Please note that this information may be used as a reference for future locum placements for RS iGroup and its associated companies.

**Please ensure all boxes are completed in line with NHS Employers.**

**Reference Request completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | ${consultant\_name} | **Position:** | ${consultant\_position} |
| **Signature:** |  | **Date:** |  |
| **Tel:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Organisation name:** | ${hospital\_name}  ${trust} |
| **Address:** | ${h\_fullAddress} |
| **Stamp:** |  |