REFERENCE REQUEST Re:

Re:	ABAYOMI - ONIKOYI-DECKON		
HCPC/GPhC or other statutory regulatory body registration number	GMC 6097180	Position applied for:	Locum Consultant CAMHS

The applicant named above, who has applied to Pulse to be supplied as a locum in the position identified above, has provided your name as a referee. 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 note that should the applicant request a copy of this completed reference under the Data Protection Act, this will be provided to them. In this instance, if you want this reference to be anonymous, tick this box ☐

Reference Request completed by:

Referee name	GEFFORY O' SULLIVAN	Position	LOCUM CAMHS CONSULTANT
Signature	*(signature)*	Date	27/01/2022 (27-1-22)
Tel. no	01903 286754	Email	geoffrey.osullivan@spft.nhs.uk
Organisation name	WEST SUSSEX NHS PARTNERSHIP TRUST		
Organisation address	WEST SUSSEX NHS PARTNERSHIP TRUST, SWANDEAN HOSPITAL, ARUNDEL ROAD, WORTHING WEST, SUSSEX, BN13 3EP		
Organisation Stamp If you do not have a stamp, please provide a compliments slip or letter headed paper.	Camhs, First Floor, Children's Centre Worthing Hospital, Lyndhurst Road Worthing, West Sussex, BN11 2DH		

Your reply will be treated in confidence subject to the provisions of the Data Protection Act. However a Pulse client or an external auditing body may audit the document.

A teaching trust of Brighton and Sussex Medical School

NHS

Sussex Partnership
NHS Foundation Trust

WORTHING - CAMHS

THE CHILDRENS CENTRE
WORTHING HOSPITAL
LYNDHURST ROAD
WORTHING   BN11 2DH
01903 286754
SUSSEX PARTNERSHIP

Please provide the following information regarding the applicant named above:

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						✓
Additional comments in support of the statements made						

Able to quietly and efficiently discharge all duties
good collegial relationships
good analytical skills and excellent fund of knowledge
familiar with different practice models (UK Canada Australia)

What dates did the named applicant work for the Trust?

From	19-10-21	To	28-01-22

How long did the named applicant work for/with you or under your supervision and in what capacity, ie job title, band?

From	19-10-21	To	28-01-22
Capacity	LOCUM CONSULTANT TO WORTHING CAMHS		

Please confirm you are happy for us to continue to use this reference annually for audit purposes

Yes	✓	No	

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	

Yes he adhered to high professional standards

Continued over page…

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	✓
No issues or concerns			

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	✓
No issues or concerns			

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	✓
No issues or concerns			

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

Please note: 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.

Yes		No	✓
No concerns			

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	
Yes Absolutely !			

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

Yes	✔	No	
He has been a positive contributor to the service and has worked in an effective and collegial manner			

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?

Diverse experience in a wide range of settings. Is calm and confident in discharging his duties effectively and would be a positive contributor to any future mental health care provider service

Do you currently use agencies?

Yes	✔	No	

Do you currently have locums working for you?

Yes	✔	No	

Are you currently looking for Staff?

Yes	✔	No	
Permanent		Locum Staff	

Do you have any current vacancies available? If so, please note the details below: