

# CONFIDENTIAL REFERENCE REQUEST FORM

Candidate:	Dr <u>NASIR ADMAN</u>	Hospital:			
Grade & Specialty:	<u>REGISTRAR</u>	IMC:		Spec Reg	Gen Reg
Employment Dates:					
Consultant Referee:	Dr <u>GRAHAM ROBERTS</u> Consultant				

CRITERIA	Poor	Fair	Satisfactory	Good	Excellent	Comments
<b>ABILITY</b>						
Theoretical Knowledge					✓	
Clinical Judgment					✓	
<b>CAPACITY &amp; MOTIVATION</b>						
Willingness to learn					✓	
Work Organisation					✓	
Medical Records					✓	
Punctuality					✓	
Attendance Record					✓	
Conduct					✓	
<b>RAPPORT &amp; CO-OPERATION</b>						
Patients & Relatives					✓	
Medical Staff					✓	
Other Staff					✓	
<b>POTENTIAL FOR THE FUTURE</b>						
<b>GENERAL COMMENTS:</b>						

Would you re-employ the doctor in your department?

Yes [ ]

No [ ]

Referee/Consultant Name: G. Roberts

Signature: G. Roberts

Referee/Cons Contact No: 091848000

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

Date: 30 / 11 / 22

**Must be signed and stamped to validate**

IMC: 175739

Spec Reg ☒

Gen Reg ☐

Hospital Stamp:

Prof. Roberts

Endocrinology

