

62C London Road, Oadby Leicester

LE2 5DH

Telephone: 0116 365

0747

Hello

POST: HEALTHCARE ASSISTANT

EMMANUEL CHUKWUEBUKA NWEKE has applied for the post with ourselves and has provided your name as suitable person to provide a clinical reference. Please find attached a copy of a reference request form.

Please complete the reference and return to the above address as soon as possible. Alternately you can fax it to 0116 2557711 or Email: compliance@topworkforce.co.uk

Please note that we may contact you upon receipt of your completed reference for further information. You are welcome to contact me on 0116 365 0747 if you have any queries regarding this reference request.

Thank you in anticipation of your prompt assistance.

Yours sincerely

Top Workforce Team



REFERENCE REQUEST: CLINICAL AND EMPLOYMENT

POSITION APPL	IED: Healthcare As	sistant	N	HS BAN	D::.		
Date in your Employment	FROM: DD/MM/YYYY 10 10 20			TO: (6 DD/MM/YYYY 10 (10 202)			2022
	You Known The Ap			126	Yea	~1,	Droduct ,
Professional Sk	kills & Experience	poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments
Clinical Skills				V			
Clinical Knowle	edge			V			
Organisational	Skills				V		
Management S	ikills				V		
		1					•
Attitude to Work and Training		poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments
Willingness To Learn					V		
Contribution to	o the department			V			No. 11 and 12 an
Punctuality					V		
Reliability				V			
Self Motivation				V			



Personality and Attitude To Others	poor	Satisfactory	Good	Excellent	Unable to Comment	Further Comments

Ability to Cope Under	r Pressure		V		10.1
Honesty / Integrity				i	•
Communication and	Team Work			V	
Disciplinary Record	Please give o	letails of a	ny disciplin	ary action in t	the last two years
	Ail				

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Safeguarding Adults and Children	Do you have any reservations regarding this person working with children, young people or vulnerable adult? If so please give details of your concerns
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Additional Information	Based on your observations of the strengths and weaknesses of this candidate, please give any other information relevant to the position applied for.					
	branch-working, standards-dimen, and empathetic person who takes pride in these work					



Please confirm whether you would re-employ this candidate YES / NO

If No Please Give Reasons



IMPORTANT

Pease apply your company stamp in the place provided. Alternatively please enclose a letterhead or compliment slip when returning this reference.

CLINICAL AND EMPLOYMENT REFERENCES

Signed half.

Name Olima Rapheal Date 95/05/2023

Position Product Manager company Hydrest hichighies

Address Plot 101/27, Enene hadyfrial layout Extension, Engly.

Phone (landline) 09065469502 (Please note that, as part of our checking procedures, we will telephone you on receipt of this reference. We therefore require a landline telephone number.) Please return this reference to: The Manager, Top Workforce Recruitment, 62C London Road, Oadby, Leicester, LE2 5DH Tel: 0116 2557711 Email: info@topworkforce.co.uk