



## **Albright Healthcare Services Limited**

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## REFERENCE FORM

To:

Date:

Address:

Re:

Position Applied For:

The above applicant has requested to join our agency. It is the policy of Albright Healthcare Services to place only applicants with satisfactory references. We would be most grateful if you could provide us with the following information.

Qualifications: \_\_\_\_\_

Date of Employment from: \_\_\_\_\_ To: \_\_\_\_\_

Post held whilst under your employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-employ this person: Yes or No

How would you assess the candidate's performance in relation to the following?

CRITERIA:	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
Honesty/Trustworthiness				
Conduct				
Time Keeping				
Attitude towards work				
Ability to work without supervision				
Professionalism				
Acceptance of responsibility				
Verbal communication				
Grooming and appearance				

Do you know of any reason why we should not employ this person? Yes or No  
(If yes, please give details)

Are there any current disciplinary records? Yes or No  
(If yes, please give details)

Please give an overall view on the candidate's attributes and abilities:

Subject to the Rehabilitation of Offenders Act (1974) Exemption Order (1957). It is not therefore contrary to the act to reveal information you may possess concerning convictions, which otherwise be regarded as 'spent'. To the best of your knowledge, are you aware of any criminal convictions? Yes or No  
(If yes, please give details)

Name (BLOCK LETTERS):

Position:

Signature:

Date:

**Kindly attach a letterhead or complimentary slip or place your rubber stamp in the space below to validate this reference.**

Thank you.

Yours Sincerely,

Recruitment Officer

Official