**Employment reference form**

**HR / Recruiter representative to complete this section:**

|  |  |
| --- | --- |
| Candidate reference |  |
| Candidate name |  |
| Qualifications |  |
| Post |  |

**Referee to complete this section:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referee Name: |  | | Title: |  | | | | | |
| Employer / Service Name | |  | | | | | | | |
| Address | |  | | | | | | | |
| Email | |  | | | | | | | |
| Work telephone | |  | | | | | | | |
| Date & Time of Referee Telephone Call: | |  | | | | | | | |
| Are you in anyway related to the applicant? | | | Yes  No | | | | | | |
| What is your Reporting Relationship to candidate (must be supervisor/ line manager) | | |  | | | | | | |
| Capacity in which employed: | | Permanent | |  | | Temporary | |  | |
| Agency | |  | | Other | |  | |
| Full Time (>30hrs per week) | |  | | Part Time (<30hrs per week) | |  | |
| Title and Grade of Candidate’s Post  e.g. Occupational Therapist – Staff Grade | |  | | | | | | | |
| Date of Employment at level/grade/other  (specific dates) | | Level/Grade/Other | | | From | | To | | Present |
|  | | |  | |  | |  |

**Professional ability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was the Candidates overall job performance satisfactory? | Yes |  | No |  |
| If No please give further information |  | | | |
| Current/Active Disciplinary Action | Yes |  | No |  |

|  |  |
| --- | --- |
| Reason for leaving:  e.g. Promotion/Location/Career progression etc. |  |

**Evaluation report:**

\* Please note: any area marked ‘Satisfactory’ or above will infer the candidate can perform the duties of the post in a sufficiently competent manner for that specific skill area. Please do not add additional areas.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Satisfactory\*** | **Unsatisfactory** |
| Professional Competence |  |  |  |  |
| Organisational Skills |  |  |  |  |
| Acceptance of Responsibility |  |  |  |  |
| Caseload Management |  |  |  |  |
| Time Management |  |  |  |  |
| Reaction to busy environment |  |  |  |  |
| Punctuality |  |  |  |  |
| Commitment and Motivation |  |  |  |  |
| Team Work Skills |  |  |  |  |
| Leadership Skills |  |  |  |  |
| Confidentiality |  |  |  |  |
| Quality Conscious |  |  |  |  |

**Interpersonal communications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Satisfactory\*** | **Unsatisfactory** |
| Service User/Family/Carer/Visitors |  |  |  |  |
| Colleagues |  |  |  |  |
| Managers/Supervisors |  |  |  |  |

**Attendance record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was their attendance satisfactory? | Yes |  | No |  |
| Any issues or concerns in relation to sick leave? (if yes, please complete absences below) | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Absence on Sick Leave Under 14 Days:(within rolling 4 year period) \* see above | Number of Days |  | Number of Occurrences |  |
| Absence on Sick Leave Over 14 Days:  (within rolling 4 year period) \* see above | Number of Days |  | Number of Occurrences |  |
| Unauthorised Leave | Number of Days |  | Number of Occurrences |  |

**Recommendation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you re-employ this person:  If no, please provide details in the further information section below. | Yes |  | No |  |
| Would you recommend this person to the Health Service Executive as a person suitable for this particular post and service?  If no, please provide details in the further information section below. | Yes |  | No |  |

**Further information**

Please complete for any area marked as unsatisfactory and / or additional comments:

**Referee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby confirm that I checked this reference with the above person.**

To be completed and signed by HR / Recruiter representative:

**Telephone reference taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note information provided by you may be released under the Freedom of Information Act, 2014**