

*An tSeirbhís Náisiúnta Earcaíochta* **National Recruitment Service**

*Seirbhísí Roinnte AD, AD Náisiúnta FSS*HR Shared Service, National HR HSE

**Aras Sláinte Chluainin Aras Sláinte Chluainin**

**Cluainín Ui Ruairc Manorhamilton Manorhamilton**

**Co.Liatroma Co.Leitrim**

**EMPLOYMENT REFERENCE FORM**

**Candidate Reference Number:**

**Candidate Name: Position applied for:**

**General**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referee: |  | Title: |  |
| Employer / Service Name, Address, (include HSE in address if it is HSE):Tel: (work mobile) Email:  |  |
| Date & time of referee telephone call: |  |
| Are you in anyway related to or in a personal relationship with the candidate? | Yes |[ ]  No |[ ]
| What is your reporting relationship to candidate (must be supervisor/ line manager) |  |
| Capacity in which the candidate is currently employed: | Permanent |[ ]  Temporary |[ ]
|  | Agency |[ ]  Other |[ ]
| How many hours per week did/does the candidate work? | Full Time (>30hrs per week) |[ ]  Part Time (<30hrs per week) |[ ]
| Title and Grade of the candidate’s post e.g. Occupational Therapist – Staff Grade |  |
| Date of employment at level/grade/other (specific dates) | **Level /Grade /Other** | From: | To: |
|  | See above |  |  |
| Reason for leaving: e.g. Promotion/Location/Career progression etc. |   |

**Attendance Record**

|  |  |  |
| --- | --- | --- |
| Was the candidate’s attendance satisfactory?  | Yes |[ ]  No |[ ]
| 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 | No of Days |  | No of Occurrences |  |
| Certified  | Yes  |[ ]  No | [ ]  |
| Absence on Sick Leave Over 14 Days:(within rolling 4 year period) \* see above | No of Days |  | No of Occurrences |  |
| Certified | Yes | [ ]  | No  |[ ]
| Unauthorised Leave | No of Days |  | No of Occurrences |  |

**Professional Ability & Conduct**

***\*Please note any area marked “Satisfactory” or better 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 Conduct/communications with:* |
| Service User/Family/Carer/Visitors  |[ ] [ ] [ ] [ ]
| Colleagues | ☐ | ☐ | ☐ | ☐ |
| Managers/Supervisors |[ ] [ ] [ ] [ ]

|  |  |  |
| --- | --- | --- |
| **Is/Was the candidate subject to current/active investigation?** | Yes |[ ]  No |[ ]
| ***If Yes please give further information*** |  |
|  **Is/Was the candidate subject to current/active disciplinary action?** | Yes |[ ]  No |[ ]
| ***If Yes please give further information*** |  |
| **Is/Was the candidate reported to An Garda Siochana under Section 19 of the National Vetting Act?** | Yes |[ ]  No |[ ]

**Recommendation:**

|  |  |  |
| --- | --- | --- |
| Would you re-employ this candidate: | Yes [ ]  | No [ ]  |
| **If no please provide further information:** |
| Would you recommend this candidate to the HSE as a person suitable for this particular post and service?  | Yes [ ]  | No [ ]  |
| **If no please provide further information:** |

**Further Information:**

*Relating to any area marked as unsatisfactory or requiring additional comments*

|  |
| --- |
|  |

**Referee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**To be completed and signed by the HR Department**

**Telephonic Reference personally taken with the above named referee by:**

**Reference checked by:**

**Title: HR Shared Services, National Recruitment Service**

**Date:**

**PLEASE NOTE THAT INFORMATION PROVIDED BY YOU MAY BE RELEASED UNDER THE FREEDOM OF INFORMATION ACT, 2014**