

*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**