



GOLDEN RECRUITMENT

REFERENCE REQUEST FORM

Referee Details:

Thabiso Mahlangu
Bevan Place Ward.
Steppinghill Hospital.
Stockport - thabiso-mahlangu@nsh.net.

Candidate Details:

Last Name AT Aluko
First Name Matthew
Maiden Name Adebayo
Qualification NA
NMC PIN NO — Expiration Date —
Date of Birth — NI NO —

Please Give Dates The Applicant Was Employed By Your Organisation

FROM: (Day / month / year) June 18 TO: (Day / Month / Year) Date

Give Your Relationship with Applicant Work Colleague

Please indicate by circling the area that fit the Applicant's work in your Organisation

P - POOR S - SATISFACTORY G - GOOD E - EXCELLENT

Punctuality	P	S	G	<u>E</u>
Honesty	P	S	G	<u>E</u>
Sickness record	P	S	G	<u>E</u>
Reliability	P	S	G	<u>E</u>
Agency work suitability	P	S	G	<u>E</u>

Problem re-employing the Applicant? YES NO

If yes, please give details N/A