

## REFERENCE REQUEST FORM

### Referee Details:

#### Lisa Eastwall

Healthcare Solutions  
 Jubilee House, 3 The Drive  
 Brentwood,  
 Essex,  
 CM13 3FR

### Candidate Details:

Last Name Olatunji

First Name Adeyanju

Maiden Name \_\_\_\_\_

Qualification Support Worker

NMC PIN NO \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ NI NO \_\_\_\_\_

### Please Give Dates The Applicant Was Employed By Your Organisation

FROM: (11 / April/ 2015) \_\_\_\_\_ TO: (22/Nov/2018) \_\_\_\_\_

Give Your Relationship with Applicant Manager \_\_\_\_\_

### 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  | E✓ |
| Honesty                 | P | S | G✓ | E  |
| Sickness record         | P | S | G✓ | E  |
| Reliability             | P | S | G✓ | E  |
| Agency work suitability | P | S | G  | E✓ |

**Problem re-employing the Applicant?** YES✓ NO

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CRIMINAL CONVICTIONS**

In order to protect the public, the post for which this application is being made is exempt from section 4.2 of Rehabilitation of Offenders Act 1974 ( Exemption Order 1975). It is not therefore in any way contrary to the Act to reveal any information you have concerning convictions which would otherwise be considered as "spent" in relation to this application and which you consider relevant to the applicant's suitability for employment.

**Please Circle and Give details on the following:**

Has the Applicant disclosed any criminal convictions to you? Yes No✓\_\_\_\_\_

If yes, please comment

\_\_\_\_\_

\_\_\_\_\_

Was a DBC Check carried out on Applicant? Yes No✓\_\_\_\_\_

If yes \_\_\_\_\_ Date completed \_\_\_\_\_ Authority responsible \_\_\_\_\_

Were any convictions found? Yes No \_\_\_\_\_

If yes, please give details

\_\_\_\_\_

\_\_\_\_\_

**Please continue on a separate sheet of headed paper if necessary:**

\_\_\_\_\_

\_\_\_\_\_

### **Referee Details**

Please print your name Lisa Eastwall \_\_\_\_\_

Signed lisa.E \_\_\_\_\_ Position Manager \_\_\_\_\_ Date 14.Sept.218

Organisation name Health care solutions \_\_\_\_\_

Business email: lisa@healthcare-solutions.org.uk

Official Stamp :

Please email scanned completed form to [info@goldenjobrecruitment.co.uk](mailto:info@goldenjobrecruitment.co.uk) or post to the address below.