

REFERENCE REQUEST FORM

Referee Details: Sharda Kowlessur

Registered Manager- Ebony Healthcare Services Ltd

Candidate Details:

Last Name

_Olatunji Adeyanju_____

First Name

Maiden Name

Qualification _Mandatory courses only

NMC PIN NO

Expiration Date

Date of Birth

NI NO

Please Give Dates The Applicant Was Employed By Your Organisation

FROM: November 2015 TO: October 2016 _____

Give Your Relationship : 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

E

Honesty

E

Sickness record

E

Reliability

E

Agency work suitability

E

Problem re-employing the Applicant? 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? no _____

Was a DBC Check carried out on Applicant? Yes _____

If yes _____ Date completed November 2015 _____ Authority responsible _____

Were any convictions found? _____ No _____

If yes, please give details

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

Referee Details

Please print your name : sharda Kowlessur _____

Signed :S. kowlessur _____ Position Manager Date 31/10/2018 _____

Organisation name _____ Ebony Healthcare Services

ltd _____

Business

email: _____ Sharda@ebonyhealthcare.co.uk _____

Official Stamp :

Please email scanned completed form to info@goldenjobrecruitment.co.uk or post to the address below.