

COMMISCEO PRIMARY CARE SOLUTIONS
Reference Request



Applicant Name:	
Applicant Job Title:	
Applicant D.O.B:	

Specific dates of employment: (Please use exact dates)	
Nature of work, Specific duties, responsibilities:	
Reason for leaving employment? If dismissed, please supply details:	
Was applicant honest and trustworthy at all times? If no, please supply full details:	
During employment was applicant the subject to any	

Commisceo Primary Care Solutions
 Suite Seven, The Skyline Plaza
 45 Victoria Avenue
 Southend-On-Sea
 SS2 6BB
 ☎ 01702 742102
 Email: commisceo.pcs@nhs.net

disciplinary procedure? Yes/No If yes, please supply full details and outcome	
Would you re-employ applicant? Yes/No If no, please state reasons why:	
Do you have any other? information you feel would be relevant to an employer?	

Please tick which box accurately applies to the applicant:

	Excellent	Good	Satisfactory	Below Average	Poor
General Conduct					
Work Performance					
Attitude to Work					
Initiative					
Time Keeping					
Relationships with: Colleagues:					
Management of Patients:					

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If you indicated applicant is "Below Average" or "Poor" for any category, please state your reasons below:

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Signature:	
Date:	
Print Name:	
Date:	
Company name:	
Position Held:	
Telephone number:	
Address:	