

Character reference form

You have been asked to give a character reference in support of an application for registration with the GMC because a question has been raised about the applicant's fitness to practise.

As a referee our expectation is that you will have full knowledge of the matter(s) that called the applicant's fitness to practise into question but are still prepared to attest to their good character.

You should be a professional person or person of good standing in the community. You should not be related to the applicant by birth or marriage, or be in a personal relationship with them or live at the same address as them. You must be impartial and unbiased.

Please explain, in as much detail as possible, your understanding of the matter(s) that have brought the applicant's fitness to practise into question. If you are unaware of the matter(s) in question please state this.

Please explain why you are willing to attest to the applicant's good character and give examples of the applicant's good character where possible.

If you have any concerns or reasons to think the applicant's character or fitness to practise medicine may be called into question, please give details.

Please add any additional comments you have in the last section of the form.

Returning the form:

We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.

Please save the completed form and email it to landiteam@gmc-uk.org, ensuring that you include the applicant's name and GMC reference number in the subject line. If you do not have access to email you can post the completed form to: Registration Investigation Team, General Medical Council, Registration Directorate, 3 Hardman Street, Manchester, M3 3AW.

Applicant's details	
GMC reference number	<input type="text"/>
Name (including title and family name/surname)	<input type="text"/>
Referee's details	
Name (including title)	<input type="text"/>
Profession	<input type="text"/>
GMC reference number (if applicable)	<input type="text"/>
Place of work	<input type="text"/>
Postal address (including city, postcode and country)	<input type="text"/>
Work email address	<input type="text"/>
Work telephone number	<input type="text"/>
Work fax number	<input type="text"/>

Your relationship to the applicant

How do you know the applicant? If 'Other', please provide details.			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> School teacher	<input type="checkbox"/> Employer
<input type="checkbox"/> Work colleague	<input type="checkbox"/> University tutor	<input type="checkbox"/> University colleague	<input type="checkbox"/> Supervising consultant
<input type="checkbox"/> Other	<input type="text"/>		
How long have you known the applicant?			
<input type="checkbox"/> Less than six months	<input type="checkbox"/> Six to twelve months	<input type="checkbox"/> One to five years	
<input type="checkbox"/> Five to ten years	<input type="checkbox"/> More than ten years		

Reference content

Please detail your understanding of the matters that have raised a question about the applicant's good character.

In light of these matters are you prepared to provide a reference for the applicant?

☐

Yes

☐

No

Do you consider the applicant to be of good character?

☐

Yes (please provide examples)

☐

No (please explain why)

Please detail any areas of concern you may have in relation to the applicant's character or fitness to practise medicine.

Are you aware of the requirements of *Good medical practice* which doctors are expected to comply with?

☐

Yes

☐

No

Please use this space to provide any further comments you may have.

Referee declaration

Please enter your name below and sign and date the form.

By signing and returning this form you are consenting to it being released to the applicant.

I confirm that the information I have provided in this reference is true to the best of my knowledge and belief.

Your name

Your signature

Date

D	D	M	M	2	0	Y	Y
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