

Structured Reference Form

For applications to Specialty Training Programmes

The doctor to whom this reference refers has applied for a specialty training placement and has given your name as a referee and we would be grateful if you could provide us with information required below. Please note we can only accept references on this structured reference form. This professional reference should verify factual information only; we do not require you to provide a personal testimonial or an assessment of the candidate. Your responses may be discussed with the applicant named above and/or his/her trainer. Your reference may also be made available to other departments within the NHS.

This reference form has been developed with the General Medical Council publication "Good Medical Practice" in mind. Your attention is drawn to the following paragraph:

"When providing references for colleagues, your comments must be honest and justifiable; you must include all relevant information which has a bearing on the colleague's competence, performance, reliability and conduct" (GMC Good Medical Practice, Second Edition, July 1998 – The duties of a doctor registered with the General Medical Council, Item 11 – References.)

Applicant Name:			
Applicant GMC/GDC No		Applicant Ref No	
Post Applied For:			

Please confirm the applicant's employment details that are covered by this reference:			
Date started:		Date finished:	
Position held by applicant: (level and specialty)	Level / grade: Specialty:		
Trust name /location:			
Your relationship to applicant:	Clinical Supervisor <input type="checkbox"/> Educational Supervisor <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		

Was their attendance /timekeeping satisfactory?
YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please give details
Was the applicant subject to any disciplinary procedure, formal or otherwise, during their time with you?
YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:

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The post applied for is exempt from the provision of section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions order 1975). Under this order are you aware of any criminal convictions or cautions which may affect the applicant's suitability for the post?*

YES ☐ NO ☐ If Yes, please give details:

**It is contrary to the Act for referees not to reveal any information they may have, concerning convictions which may otherwise be considered "spent" in relation to this application which you consider relevant to the applicant's suitability for employment*

Would you be happy to work with this doctor again?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to recommend this applicant for the post they have applied for?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have any other comments regarding this applicant and his/her application for this post, please give details here:	

SIGNATURE		NAME (print in block capitals)	
POSITION HELD		CONTACT TELEPHONE NO.	
Name of hospital or training practice		E-MAIL ADDRESS	
Your UK GMC Number		If NOT registered with the UK GMC: Give name of your registering body & Your Registration Number:	
Full Postal Address		If not registered with the UK GMC please attach photocopy evidence of your professional status to this reference	
		DATE (dd/mm/yyyy)	

It is **essential** that this form is stamped with **an official hospital stamp**. If no stamp is available, please attach a compliment slip signed by the consultant providing the reference. Forms received without a stamp or a signed compliment slip will be returned.

Official hospital stamp (or training practice stamp)	<p>Thank you for completing this reference.</p> <p>This form should be handed back to the applicant in a sealed envelope.</p> <p>If you have returned the completed form by e-mail, please ensure that a paper copy is returned by post.</p>
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