



CAMBRIDGE CARE SERVICES LIMITED

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Email: info@cambridgecareservices.co.uk

Web: www.cambridgecareservices.co.uk

Candidate Reference / Assessment Form

Candidate Name:
 Title:
 Band / Level:
 Date of Employment From:
 Date of Employment To:
 Permanent or agency:

The above named has applied to Cambridge Care Services Limited and has given your name as a referee.
 Could you please assess the candidate on the following criteria set out below, sign, and email this form back to: info@cambridgecareservices.co.uk

Please tick as appropriate	Excellent	Very Good	Good	Satisfactory	Poor
Clinical skills & knowledge:					
Work performance:					
Attendance / Timekeeping:					
Communication skills:					
Relationship with patients and colleagues:					
Management of workload:					
Professional integrity:					
Would you re-employ:	Yes / No <i>(please delete as appropriate)</i>				

What other comments would you like to make about this person:

Print Name: _____ Date: _____ Position: _____

Signature: _____ Band / Level: _____

Organisation: _____
 Switchboard number: _____

Please apply hospital stamp here, or provide reference on letter headed paper (or attach compliment slip) or send from a business (not personal) email address to authenticate reference.

Thank you for your co-operation– Cambridge Care Services Limited