

## Centralised Hospital Application Scheme Reference Form

Name of candidate:

Please indicate your opinion of the candidate's ability in the following areas:

Excellent Poor

Communication skills 1  2  3  4  5

Ability to work alongside others 1  2  3  4  5

Initiative in seeking help when needed 1  2  3  4  5

Potential clinical ability 1  2  3  4  5

Please provide any information you feel would be relevant in assessing the candidate's suitability for a pre-registration post in a hospital:

If you are an academic at the candidate's current university please indicate the class of degree you expect them to be awarded:

Please state how long you have known the candidate and in what capacity:

Name of referee:

Job title:

Address:

Signature:

Date:

Please send to JCL Consulting, Jasmine House, 55 Jasmine Grove, London SE20 8JY by 23<sup>rd</sup> April 2012.  
Alternatively, you can scan this form and email it to [michelle@jclconsulting.co.uk](mailto:michelle@jclconsulting.co.uk) or fax to 0871 661 6532.  
This form will be collated with the application form and sent to the hospitals to which the candidate has applied.