

Professional Reference:

Notes to Referees:

1. Prospective members of the College must provide TWO references from **UK registered healthcare professionals** (Doctor, Nurse or Dental Surgeon) in relation to the prospective member's scope of practise, professional competence, English language skills and suitability for membership of the College.
2. Referees should be aware that making a false or misleading statement on a professional reference will be considered by the College a matter of professional misconduct and will be referred to the Referee's professional regulator for consideration of disciplinary action.
3. Referees must declare any actual or potential conflict of interest in making their reference; this would include any personal relationship to the prospective member.
4. Referees must have known the prospective member in a professional working capacity for a period of not less than 2 years.

Prospective Member's Details: (To be completed by the Prospective member)

| | | |
|------------|------------------|-------------|
| FULL NAME: | DATE OF BIRTH: | GMC NUMBER: |
| ADDRESS | TELEPHONE NUMBER | |
| POSTCODE | EMAIL ADDRESS | |

Reference: (To be completed by the Referee AFTER the above section is fully completed)

| | | |
|--------------|---|----------------------|
| FULL NAME: | PROFESSIONAL REGULATOR GMC / GDC / NMC | REGISTRATION NUMBER: |
| WORK ADDRESS | TELEPHONE NUMBER | |
| POSTCODE | EMAIL ADDRESS | |
| | PROFESSIONAL POSITION | |

FOR HOW LONG HAVE YOU KNOWN THE ABOVE NAMED PERSON IN A PROFESSIONAL CAPACITY?

PLEASE DESCRIBE IN WHAT CAPACITY YOU ARE ABLE TO COMMENT UPON THE PROSPECTIVE MEMBER'S PROFESSIONAL COMPETENCE, SCOPE OF WORK AND ENGLISH LANGUAGE COMPETENCE:

DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST YOU MAY HAVE IN GIVING THIS REFERENCE. THIS COULD INCLUDE ANY PERSONAL OR FAMILIAL RELATIONSHIP TO THE PROSPECTIVE MEMBER.

PROVIDE A SUMMARY OF THE PROSPECTIVE MEMBER'S SCOPE OF PROFESSIONAL PRACTICE INCLUDING PROCEDURES, CLINICAL TECHNIQUES OR TREATMENTS

Prospective Member's Details:

FULL NAME:

DATE OF BIRTH:

GMC NUMBER:

Reference Continued:

PROVIDE A SUMMARY OF YOUR ASSESSMENT OF THE PROSPECTIVE MEMBER'S CLINICAL COMPETENCE (THIS SHOULD BE BASED ON YOUR PERSONAL EXPERIENCE AND OBSERVATION OF THEIR WORK)

PROVIDE AN ASSESSMENT OF THE PROSPECTIVE MEMBER'S SUITABILITY FOR MEMBERSHIP OF THE COLLEGE: (THIS WILL INCLUDE PROBITY, OR PROFESSIONAL CONDUCT ISSUES)

PROVIDE YOUR ASSESSMENT OF THE PROSPECTIVE MEMBER'S ENGLISH LANGUAGE COMPETENCE IN RELATION TO THE HEADINGS BELOW:

SPEAKING:

UNDERSTANDING:

WRITING:

READING:

Referee's Declaration:

I declare that:

- the contents of this reference are true to the best of my knowledge and belief;
- I believe that the prospective member has a sufficient knowledge of the English language for their work to be performed in a safe and competent manner; and
- I am giving this reference in my capacity as a registered healthcare professional and that if any of the contents of this reference are found to be untrue I may be referred to my professional regulator for potential disciplinary action.

SIGNATURE:

DATE:

PLEASE PRINT FULL NAME OF REFEREE:

PROFESSIONAL REGULATOR
GMC / GDC / NMC

REGISTRATION NUMBER: