

**REFERENCE REQUEST.**

PROFESSIONAL REFERENCE FOR .....

Position Held. ....

Period of Employment. ....

Reason for Leaving. (If known). ....

Please comment on this Practitioners:

Professional abilities. ....

Professional knowledge. ....

Ability to work unsupervised. ....

Willingness to learn. ....

Willingness to teach. ....

Relationship with colleagues. ....

Relationship with patients. ....

Reliability. ....

Honesty. ....

Punctuality. ....

General Appearance. ....

Would you re-employ this Practitioner ? .....

Would you like to make any further comments

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Name of Referee ..... Signed .....

Position ..... Date ..... / ..... / .....

Hospital .....

Note: A copy of this Reference may be forwarded to any prospective employer of the Practitioner

Please fax back to (Lo-Call) **0845 226 1 225**

Alternatively **+44 (0)1708 740689**

Sonographers Medical Ltd.  
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Essex. IG4 5PP.