



Going **T**he **X**tra **M**ile

COMPLIANCE DEPARTMENT
WALNUT HOUSE
BLACKHILL DRIVE
WOLVERTON MILL
MK12 5TS
+44 (1908) 326400

SATURDAY, 01 FEBRUARY 2025

TO WHOM IT MAY CONCERN

AS AN ORGANISATION WE UNDERSTAND THE IMPORTANCE OF ACCURATE AND VERIFIED EMPLOYMENT HISTORY AND REFERENCE CHECKS. OUR AGENCY CONDUCTS ALL ITS CHECKS IN ACCORDANCE WITH NHS EMPLOYERS' GUIDELINES AND FRAMEWORK REQUIREMENTS.

YOUR NAME HAS BEEN PROVIDED BY OUR APPLICANT, WHO HAS APPLIED TO OUR AGENCY TO BE SUPPLIED AS A LOCUM IN THE POSITION IDENTIFIED BELOW. WE WOULD BE GRATEFUL IF YOU WOULD RESPOND TO THE FOLLOWING QUESTIONS REGARDING THIS APPLICANT AND PROVIDE IN CONFIDENCE ANY INFORMATION IN WHICH YOU ARE ABLE TO/AWARE REGARDING HIS/HER CHARACTER AND SUITABILITY TO PERFORM THE ROLE AND ASSOCIATED DUTIES OF THE POSITION APPLIED FOR.

UNDER THE GENERAL DATA PROTECTION REGULATION ACT (2016), APPLICANT S HAVE THE RIGHT TO SEE ANY REFERENCES RECEIVED BY US CONCERNING THEM, (ALTHOUGH WE MAINTAIN THE RIGHT TO PROTECT THE IDENTITY OF THE AUTHOR) THEREFORE PLEASE ENSURE THE REFERENCE IS NOT ONLY FACTUALLY ACCURATE BUT ALSO FAIR AND NOT MISLEADING IN THE OVERALL IMPRESSION IT GIVES.

TO COINCIDE WITH NHS EMPLOYERS' LEGISLATION AND GUIDELINES WE WILL REQUIRE THE FOLLOWING TO BE COMPLETED.

- ALL REFERENCES MUST BE FULLY COMPLETED AND SIGNED.
- IF YOU ARE WISHING TO RETURN THE REFERENCE VIA EMAIL THIS MUST BE DONE OFF A HOSPITAL/TRUST OR COMPANY EMAIL ACCOUNT TO COMPLIANCE@TXMHEALTHCARE.CO.UK

PLEASE DO NOT HESITATE TO CONTACT OUR COMPLIANCE TEAM IF YOU HAVE ANY FURTHER QUESTIONS

KIND REGARDS

THE COMPLIANCE TEAM

APPLICANT REFERENCE FORM

COMPLIANCE DEPARTMENT
WALNUT HOUSE
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+44 (1908) 326400

SATURDAY, 01 FEBRUARY 2025

APPLICANT NAME	Emmanuel Ghansah	APPLICANT BAND	2
APPLICANT N.M.C NUMBER	N/A	APPLICANT SPECIALITY	-

DEAR [Click or tap here to enter text.](#),

YOUR NAME HAS BEEN PROVIDED BY THE APPLICANT, WHO HAS APPLIED TO OUR AGENCY TO BE SUPPLIED AS A LOCUM IN THE POSITION IDENTIFIED ABOVE.

WE WOULD BE GRATEFUL IF YOU WOULD REPLY TO THE FOLLOWING QUESTIONS REGARDING THIS APPLICANT AND PROVIDE IN CONFIDENCE, ANY INFORMATION WHICH YOU ARE AWARE OF REGARDING THEIR CHARACTER AND SUITABILITY TO PERFORM THE ROLE AND ASSOCIATED DUTIES OF THE POSITION APPLIED FOR.

PLEASE STATE THE NATURE AND CAPACITY OF YOUR RELATIONSHIP TO THE APPLICANT

- MATRON
- WARD MANAGER
- SISTER
- OTHER [Senior Nurse Band 5]

HOW LONG DID THE APPLICANT WORK UNDER YOUR SUPERVISION AND IN WHAT CAPACITY?

START DATE	4/4/22	THEIR BAND AT THE TIME	2
END DATE	4/4/24	THEIR SPECIALTY AT THE TIME	N/A

DO YOU BELIEVE THE APPLICANT TO BE HONEST, CONSCIENTIOUS, AND DISCREET?

- YES
- No

IF NO, PLEASE PROVIDE DETAILS BELOW

[CLICK HERE TO ENTER TEXT.](#)

DO YOU KNOW OF ANY FACTORS CONCERNING THE APPLICANT WHICH MIGHT CAUSE THEIR FITNESS FOR EMPLOYMENT?

- YES
- NO

IF YES, PLEASE PROVIDE DETAILS BELOW

[CLICK HERE TO ENTER TEXT.](#)

DO YOU KNOW OF ANY REASONS WHY THE APPLICANT SHOULD NOT WORK IN A CLINICAL ENVIRONMENT?

- YES

NO

IF YES, PLEASE PROVIDE DETAILS BELOW

CLICK HERE TO ENTER TEXT.

HAVE YOU HAD ANY REASONS TO INSTIGATE DISCIPLINARY ACTION AGAINST THE APPLICANT?

YES

NO

IF YES, PLEASE PROVIDE DETAILS BELOW

CLICK HERE TO ENTER TEXT.

DO YOU CONSIDER THE APPLICANT SUITABLE FOR THE POSITION IDENTIFIED ABOVE??

YES

NO

IF YES, PLEASE PROVIDE DETAILS BELOW

CLICK HERE TO ENTER TEXT.

WOULD YOU RE-EMPLOY THE APPLICANT?

YES

NO

IF NO, PLEASE PROVIDE DETAILS BELOW

CLICK HERE TO ENTER TEXT.

GENERAL PERFORMANCE OF THE APPLICANT	UNABLE TO COMMENT	VERY POOR	POOR	SATISFACTORY	GOOD	VERY GOOD	EXCELLENT
CLINICAL SKILLS DEMONSTRATED IN LINE WITH THE REQUIREMENTS OF THE POSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIPS WITH PATIENTS, HEALTHCARE WORKERS AND THE PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIMEKEEPING AND MANAGEMENT OF WORKLOAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PATIENT RECORDS AND OTHER RECORDS MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANISATIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SICKNESS/ABSENCE RECORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE PROVIDE ANY FURTHER INFORMATION WHICH IS RELEVANT TO THE APPLICANTS APPLICATION TO BE SUPPLIED AS A LOCUM IN THE POSITION IDENTIFIED ABOVE

CLICK HERE TO ENTER TEXT.

TO PROTECT THE PUBLIC, THE POST FOR WHICH THE APPLICATION IS BEING MADE IS EXEMPT FROM SECTION 4 (2) OF THE REHABILITATION OF OFFENDERS ACT 1974 BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975. IT IS NOT THEREFORE IN ANY WAY CONTRARY TO THE ACT TO REVEAL ANY INFORMATION YOU MAY HAVE CONCERNING CONVICTIONS WHICH WOULD OTHERWISE BE CONSIDERED AS 'SPENT' IN RELATION TO THIS APPLICATION AND WHICH YOU CONSIDER RELEVANT TO THE APPLICANT 'S SUITABILITY FOR EMPLOYMENT. ANY SUCH INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE AND USED ONLY IN CONSIDERATION OF THE SUITABILITY OF THIS APPLICANT S FOR A POSITION WHERE SUCH AN EXEMPTION IS APPROPRIATE.

REFERENCE REQUEST COMPLETED BY

REFEREE NAME	Emmanuel Bonsu	ORGANISATION NAME	Raigmore Hospital – NHS HighLands
REFEREE SIGNATURE	<i>EBonsu</i>	ORGANISATION ADDRESS	Old Perth Rd, Inverness IV2 3UJ
REFEREE POSITION & BAND NO.	Senior Nurse Band 5	CONTACT NUMBER	07440375436
DATE	1/1/25	CONTACT EMAIL	Emmanuel.bonsu@nhs.scot