

Employer’s reference

This form is to be completed by a Human Resources representative or the applicant’s line manager. It should **not** be completed by the applicant.

Please send the form directly to us by email, ensuring that you include the applicant’s name and GMC reference number in the subject line. **We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.**

**If you do not have a professional email address please include a supplementary cover sheet on official letterheaded paper which also includes an official stamp.**

Please note that a copy of the completed reference will be shared with the applicant.

Section 1 – applicant’s details

|   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|
| Applicant’s name  |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
| Applicant’s GMC reference number  |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
| Period of employment  |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
| From  | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |
| Position held by applicant (please include their speciality if appropriate) |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
| Average number of hours undertaken per week                                 |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
| Please give a brief description of duties.                                  |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |

## Section 2 – to be completed by all employers

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?

yes

☐

no

☐

(For example were they subject to any disciplinary proceedings whilst employed by you?)

If 'yes', please provide details.

## Section 3 – to be completed by all employers

### Question 3a

Was the applicant working in a clinical medical capacity? (Please note that clinical attachments and observer posts are not considered to be clinical practice)

yes

☐

no

☐

### Question 3b

If the applicant was engaged in a non-clinical post but it was medically related (for example a teaching or research post) please can you confirm whether this role was **restricted** to the holder of a MBBS, MD or MBChB (or equivalent)?

yes

☐

no

☐

If other candidates are/were also eligible for this post – for example health care professionals or holders of alternative qualifications (for example a BSc or Masters) please answer 'no'.

If 'yes', please can you provide a comprehensive summary of the applicant's job description and their duties?

### Question 3c

Was the applicant required to hold registration or a licence to practise with a medical regulator?

yes

☐

no

☐

If 'yes', please give us the name of the relevant medical regulator, **and** confirm the type of registration required. For example, provisional or full registration, with or without a licence to practise.

Please provide the name of the authority that regulates doctors in the country or region the applicant was/is working in (for example *General Medical Council, UK*). Do not provide the name of an individual person.

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

### Section 4 - declaration

Your name

Your position

Can you confirm whether you are related to the applicant? If yes, please state the relationship (for example: 'father')

Website address for your organisation

Your email address

This should be an official work email address **not** a webmail address such as yahoo, hotmail or gmail.

Telephone number

This should be an official work telephone number, **not** a personal home telephone number.

Section 4 - declaration (continued)

|                                  |  |   |   |   |                |   |   |   |   |
|----------------------------------|--|---|---|---|----------------|---|---|---|---|
| Your signature                   |  |   |   |   |                |   |   |   |   |
| Date                             |  | D | D | M | M              | Y | Y | Y | Y |
| Name and address of organisation |  |   |   |   | Official stamp |   |   |   |   |
|                                  |  |   |   |   |                |   |   |   |   |