**GP Enhanced Induction & Returner Structured Reference Form**

## For completion by TWO referees as identified by the potential GP Returner

Dear <INSERT NAME>

The following doctor <INSERT NAME>has applied to work in the <**Scotland GP Enhanced Induction or Returner Programme> (delete as appropriate)** and has given your name as a referee.

This questionnaire will be treated in confidence, however, please note that the candidate may at a later date have access to this report under the terms of the Data Protection Act.

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| --- |
| 1. How long have you know the applicant for?  years years months |
| 2. In what capacity do you know the applicant? |
| 3. Please give your views of the applicant relating to the following areas:1. Job Performance
 |
| 1. Attitude/Approach to work
 |
| 1. Skills/Experience
 |
| Interpersonal Skills |
| 4. Please comment on the applicant’s timekeeping. |
| 5. Please comment if possible on the applicant’s attendance record.(We realise that this may be some years ago, so are looking for a general impression, rather than any specific detail. |
| 6. Does the applicant have a disciplinary record? YES Yes Not as far as I am awareIf the answer is ‘Yes’ please give details: |
| 7. Do you know of any reason that we should not support this person in the GP Enhanced Induction or Returner Programme (delete as appropriate)? YesNo *(Please tick as appropriate)*If the answer is ‘Yes’ please give details: |
| 8. Would you re-employ this person? YES Yes No  *(Please tick as appropriate)*If the answer is ‘No’ please give details: |
| 9. Any other comments: |
| 10. Referee’s signature :  GMC (or equivalent) Registration No: Date:  |

Please return to the appropriate regional office:

Rosie.Haining@nes.scot.nhs.uk Gordon.McLeay@nes.scot.nhs.uk

NES (East) NES (SE)

NHS Education for Scotland Postgraduate Medical Office (Level 7)

102 Westport Ninewells Hospital & Medical School

Edinburgh EH3 9DN Dundee DD1 9SY

David.Cunningham@nes.scot.nhs.uk Valerie.Morris@nes.scot.nhs.uk

NES (West) NES (North)

3rd Floor, 2 Central Quay Forest Grove House

89 Hydepark Street Foresterhill Road

Glasgow G3 8BW Aberdeen AB25 2ZP