

Bellspire Agency – Professional Reference Form

Position Applied For: _____

Date of Reference Request: ____ / ____ / ____

Section 1: Candidate Information

- Full Name of Applicant: _____

Section 2: Referee Information

- Referee Full Name: _____
- Job Title: _____
- Current Employer / NHS Trust / Organisation: _____
- Professional Relationship to the Applicant: _____
- Length of Time Known the Applicant: _____
- Contact Number: _____
- Professional Email Address: _____

Section 3: Reference Assessment

1. In what capacity and for how long have you known the applicant?

2. Please rate the applicant based on your direct observations in the following key areas:

Quality	Excellent	Good Satisfactory	Needs Improvement
Clinical Knowledge & Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork & Collaborative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management & Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism & Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ADDRESS.

6-9, The Square, Stockley Park,
Uxbridge, United Kingdom, UB11, 1FW



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WEBSITE.

www.bellspiregroup.co.uk/

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3. Based on your professional judgement, do you consider this applicant safe and competent to work as a Band 5 Registered Nurse?

☐ Yes ☐ Yes, with supervision ☐ No

If you selected "With supervision" or "No," please explain your reasoning:

4. Are you aware of any concerns related to the applicant's professional conduct, clinical practice, work attitude, or fitness to work (past or present)?

☐ No ☐ Yes (please provide full details below)

Details (if applicable):

5. Would you re-employ or recommend this individual for a similar nursing position with Bellspire Agency?

☐ Yes ☐ Possibly ☐ No

Additional Comments or Recommendations:

Section 4: Referee Declaration

I confirm that the information provided above is accurate and reflects my honest and professional opinion of the applicant's abilities, conduct, and suitability for the position of Band 5 Registered Nurse.

- Referee Signature: _____
- Date Completed: ____ / ____ / ____



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