

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

Section 1 – applicant's details

Applicant's name	<input type="text"/>		
Applicant's GMC reference number	<input type="text"/>		
Period of employment			
From	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	To	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Position held by applicant	<input type="text"/>		
Please give a brief description of duties.			
<input type="text"/>			

If you are a non-medical employer, please complete sections 2 and 4. If you are a medical employer, please complete all sections.

Section 2 – to be completed by all employers

Are you aware of any issues that would call into question this doctor's character, conduct or fitness to practise? (For example were they subject to any disciplinary proceedings whilst employed by you?)	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If 'yes', please provide details.				
<input type="text"/>				

Section 3 – to be completed by medical employers only

Question 3a

Was the applicant working in a medical capacity? (Please note that clinical attachments and observer posts are not considered to be medical practice.) yes no

If 'yes', please answer question 3b. If 'no', go to section 4.

Question 3b

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.

Please provide the name of the authority that regulates doctors in the country or region the doctors was 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

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							