

Reference Request Form

I. APPLICANT INFORMATION

Name: _____ HKID No.: _____

II. EMPLOYMENT RECORD

Name of Employer (HA, Other Hospitals): _____

Name of Department (Specialty): _____

Period of Employment: From _____ To _____
 (dd/mm/yy) (dd/mm/yy)

Last Position Held: _____

III. PERFORMANCE (Please tick the appropriate box)

	Excellent	Good	Above Average	Average	Below Average
Quality of Work Performance					
Job Knowledge					
Personal Integrity					
Team Spirit					

Overall performance comment on clinical ability and experience in _____ (Specialty):

Procedure capable to perform:

Information is based on: Personal Knowledge Personnel Record Supervisor's Knowledge

Others (Please specify): _____

Signature of reference: _____ Date: _____

Name & Title of Signatory: _____ Chop: _____