

International Medical Fellowship in Psychiatry

Reference Form

Reference form for International Medical Fellowship in Psychiatry Applicants

Detailed references are an essential component of HPFT's International Medical Fellowship in Psychiatry application. References should be based solely on first-hand knowledge of the candidate.

We would emphasise the importance placed on the reference form in assessing the suitability of candidates for joining HPFT's International Medical Fellowship in Psychiatry programme.

HPFT staff will contact referees to verify references before candidates are accepted.

Your Details

| | |
|--|--|
| Name | |
| College/Council Membership Number (or equivalent if applicable) | |
| Job Title and Work Address | |
| Email Address | |
| Telephone number | |

1. The Applicant's Details

| | |
|--|--|
| Candidate's Full Name | |
| How long have you known the candidate? | |
| In what capacity do you know the candidate? | |

2. Reference

| |
|--------------------------|
| Clinical Skills : |
|--------------------------|

| |
|--|
| Research Skills : |
| Relationships with Staff and other agencies : |
| Administrative Responsibilities : |
| Any areas of weakness in the candidate's performance? |
| Additional comments : |

3. Declaration

I confirm that the information I have provided is based on my first-hand knowledge of the candidate and I hereby agree to act as a referee for the above named candidate. I agree that I am happy to be contacted by Hertfordshire Partnership University NHS Foundation Trust to clarify and confirm the information provided by the candidate in their application form.

| | |
|------------------|--|
| Signature | |
| Date | |

Once completed, please return this form to the applicant who must send all the required application forms and supporting documents to: hpft.medicalfeelow@nhs.net