

Recruitment Team
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Thursday, 30th December 2021

Private and Confidential

Dr Shijith Kumar
All India Institute of Speech & Hearing
Library and Information Centre
All India Institute of Speech and Hearing
Manasagangothri
Mysore
Karnataka
570006
India

Dear Dr Shijith Kumar,

Re: Pooja Sreeram - [359-EMS10281-A] Speech and Language Therapist

The above named has been offered the post of Speech and Language Therapist and has given permission for us to approach you for a reference. I would be grateful if you could let me have your opinion regarding her suitability for the post by completing the attached reference request form.

Your reply will be treated in the strictest confidence and I would greatly appreciate a swift response.

It is preferred that you fulfill this request by using the on-line form available at <https://apps.trac.jobs/references/> using the reference ID 105878689 / TM99395505. Alternatively you can print out the attached form and return it to us by fax to {referencefax.en-gb}.

If you do not want to use the online system or the form provided please reply to this email with your own form or letter attached.

It should be noted that under the Data Protection Act candidates may request access to any information that is held on them.

May I take this opportunity to thank you in anticipation of your assistance in this matter.

Kind regards,

Mr Owen Pickett
International Recruitment Assistant

Please visit <https://apps.trac.jobs/references/> and enter the following reference ID: **105878689 / TM99395505**

Applicant details

Applicant name	Mrs Pooja Sreeram	Post applied for	Speech and Language Therapist [359-EMS10281-A]
Referee	Dr Shijith Kumar	Organisation	All India Institute of Speech & Hearing
Your job title	Library and Information Officer	You may have known her as	N/A

Reference form

About the applicant

Please confirm the course on which Pooja was registered _____

Please give the dates Pooja was studying at your organisation From [MM/YYYY] To: [MM/YYYY]

In what capacity have you known Pooja?

Please comment on Pooja's timekeeping during academic and clinical placements

Please confirm what percentage of the core components of the course has been attended by Pooja _____ %

How would you describe Pooja's standard and quality of work over the last year? Please describe achievements in terms of academic performance and details of reports from clinical placements.

Have any practice assessments caused you concern? No Yes

If **yes** — please provide details

Please comment on Pooja's motivation and attitude towards academic and clinical work.

Do you consider that Pooja will be able to meet the requirements of this post

- Yes
- No

If **no** — please provide full reasons

Are you aware of any reasons, in terms of academic or clinical achievements, which will prevent Pooja from qualifying?

- No
- Yes
- Not applicable - she has already completed the Course
- Not applicable - she left before completing the Course

If **yes** or **not applicable** — please provide full details

At the time of writing this reference, has Pooja any outstanding assignments to submit?

- No
- Yes
- Not applicable - she has already completed the Course
- Not applicable - she left before completing the Course

If **yes** — please provide details of the number of outstanding assignments and deadlines given to Pooja for their submission

At the time of writing this reference, does Pooja need to undertake any outstanding examinations?

- No
- Yes
- Not applicable - she has already completed the Course
- Not applicable - she left before completing the Course

If **yes** — please provide details of the number of examinations needing to be undertaken and when the examination results will be available

Any other comments? (Please include extra pages with this form if necessary)

Declaration

Are you the person named above as No
referee?

This reference request was sent without a referee name. Please provide your name, or the name of the person responsible for giving this reference.

Your name

Your job title

Organisation name

Address line 1

Address line 2

Address line 3

Town / city

County

Postcode

Country

Telephone

Email address

- Your relationship to the candidate
- Employer / Line Manager
 - Course Tutor / School or College Principal
 - Mentor
 - Personal / Character Reference

Pooja has stated that the reference covers the period from:
From [06 / 2016] To [12 / 2021]

Please confirm the period that this reference relates to:
From [MM / YYYY] To [MM / YYYY]

The above information has been provided without prejudice and is correct to the best of my knowledge and belief.

Signed: _____

Date: DD / MM / YYYY

Data protection

This form contains personal data as defined by the Data Protection Act 2018 (as amended by the General Data Protection Regulation 2018). This data has been requested by Maidstone and Tunbridge Wells NHS Trust exclusively for the purpose of recruitment. Maidstone and Tunbridge Wells NHS Trust must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.