

# Specialist Anaesthesiology Training Programme 2026

## Reference Form

Section One – General Information	
Name of candidate:	Medical Council Number:
This person worked under my supervision from:	To:
Clinical Site:	Country:
Speciality:	Grade (Intern, SHO):
Are you in any way related to the applicant:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship:	

Section Two – Professional Attitude		
Professionalism	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Diagnostic Skills	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Diligence in record taking	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Clinical judgement	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Punctuality	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Relationship with other medical colleagues	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Relationship with nursing, paramedical and allied health staff	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Relationship with patients and relatives	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Section Three – Personal Attributes		
Time Management	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Management of stress and workload	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Commitment and motivation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Communication Skills	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Disposition and appearance	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Reliability	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Teamwork	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Attendance and performance at conferences	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

#### Section Four – Additional Questions

Did this doctor perform well in this post ?    ☐ Very Well                      ☐ Acceptable                      ☐ Not Acceptable

Would you be happy to work again with this doctor?    Yes    ☐                      No    ☐

To your knowledge, has this candidate ever been the subject of a complaints process/investigation relating to a patient incident. If yes please provide more details under the comments section.    Yes    ☐                      No    ☐

Do you think this doctor is suitable for a career in Anaesthesiology?    Yes    ☐                      Unsure    ☐                      No    ☐

Has this doctor any outstanding characteristics?

Other Comments:

Your Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signed Date: \_\_\_\_\_

This form will not be accepted  
without a Hospital Stamp

#### \*\* Note for Referees and Candidates

Candidates please note that as set out in the application form for the SAT programme, that for the purpose of employment, and in accordance with the Data Protection Acts 1998 and 2003 , this form will be made available to the relevant employers/training sites if you are successful in your application to the SAT programme.