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|  | Graduate Nurse Program Referee Report 1Version 1.1Calvary public hospital bruce |
| Applicant Name: |  |
| Referee Name: |  |
| Current Position of Referee: |  | Relationship to Applicant: |  |
| Contact Details of Referee | Phone: | Email: |

Based on your professional knowledge of the applicant, we would appreciate a comprehensive appraisal of their skills and abilities in the following areas.

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| --- |
| 1. ***How would you describe the applicant’s clinical judgement?***
 |
| 1. ***How would you describe the applicant’s ability to provide patient centred care?***
 |
| 1. ***How would you describe the applicant’s ability to work with others?***
 |
| 1. ***How would you describe the applicant’s communication skills?***
 |
| 1. ***Do you have any additional comments, information or recommendations regarding the applicant?***
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| --- | --- | --- | --- |
| Name of Referee:  |  | Date: |  |
| Signature: |  |

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|  | Graduate Nurse Program Referee Report 2Version 1.1Calvary public hospital bruce |
| Applicant Name: |  |
| Referee Name: |  |
| Current Position of Referee: |  | Relationship to Applicant: |  |
| Contact Details of Referee | Phone: | Email: |

Based on your professional knowledge of the applicant, we would appreciate a comprehensive appraisal of their skills and abilities in the following areas.

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| Name of Referee:  |  | Date: |  |
| Signature: |  |