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|  | Graduate Nurse Program Referee Report 1  Version 1.1  Calvary 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 2  Version 1.1  Calvary 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?*** |
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| 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: |  | | |