



ROYAL CHILDREN'S HOSPITAL, Melbourne

CONFIDENTIAL REFEREE FORM - 2010

APPLICANT'S NAME: _____

Position Details: Registrar in Victorian Paediatric Training Program 2010

Notes for Referee: Please complete the confidential reference form below **and forward it promptly**. Selection for this position is on the basis of a written application and interview (telephone or in person if feasible). Each applicant has the opportunity to obtain references from two consultants and one **NUM/ANUM or Allied Health**, with whom they have worked.

REFEREE'S NAME: _____

REFEREE'S POSITION: _____

Please rate the applicant according to the criteria below:

(Tick one rating for each sub-category)

<i>Please remember to rate the applicant compared with the ability expected at this level of training.</i>	Requires substantial assistance	Requires development	Performance just adequate	Consistent with level of experience	Performance better than expected	Performance exceptional	Cannot Comment
1. Clinical skills							
Medical Knowledge							
Clinical Judgement							
Procedural and Technical skills							
2. Interpersonal skills / Professional Ethics							
Communication skills, rapport, empathy							
Teamwork with other professionals							
Reliability and Dependability							
3. Leadership							
Delegation and organisation of others							
Teaching (interest and ability)							
4. Organisation and application to work							
Organisation, efficiency							
Work ethic, enthusiasm							

Please List the Strengths and Weaknesses of the Applicant:

Strengths: _____

Weaknesses: _____

Other Comments:

For how long and in what capacity did you work with the applicant? _____

Signature: _____ Date: _____