

Royal Children's Hospital
Mackinnon Nursing Education & Development Centre
Graduate Nurse Program
Applicant Confidential Professional Reference Request

Name of applicant: _____

Address: _____

The above named is applying for a position in the Graduate Nurse Program at the Royal Children's Hospital. In order to assess the application fully, please return this form to the Human Resources Department, RCH, 2nd Floor, South East Building, Flemington Road, Parkville, 3052, Victoria by Monday 3rd August 2009.

PLEASE CIRCLE THE APPROPRIATE RESPONSE AND ADD SUPPORTING STATEMENTS.

1. Clinical Practice	M	D	A	S	I
• Accepts responsibility and accountability for patient assignment consistent with clinical skills	1	2	3	4	5
• Integrates theoretical knowledge with clinical expertise to ensure delivery of safe patient care	1	2	3	4	5
• Utilizes problem solving skills	1	2	3	4	5
• Organizes and prioritizes care considering patients' needs and overall unit activities	1	2	3	4	5
Brief statement to support the above:					

2. Communication Skills	M	D	A	S	I
• Ability to seek information	1	2	3	4	5
• Documentation reflects the ability to communicate effectively	1	2	3	4	5
• Interpersonal relationships with patients, colleagues and families	1	2	3	4	5
• Ability to work as part of a team	1	2	3	4	5
• Recognises and implements strategies to resolve stressful situations	1	2	3	4	5
Brief statement to support the above:					

3. Commitment to ongoing education	M	D	A	S	I
• Ability to be self directed in identifying and pursuing learning needs	1	2	3	4	5
• Ability to submit assignments in a timely fashion	1	2	3	4	5
Brief statement to support the above:					

Do you have any reservations that have not been discussed?

Do you have any further comments you would like to make?

Please tick one of the following statements of your opinion regarding the applicant’s suitability for the Graduate Nurse programme:

- Not recommended at this stage
- Recommended with reservations
- Recommended, a good applicant
- Recommended, a very good applicant
- Highly recommended, an outstanding applicant

Please indicate in what capacity you have known the applicant and for what period of time.

Name (please print) _____ Phone Number _____

Signature _____ Date _____

Position _____

Organisation _____

BEHAVIOURS ASSOCIATED WITH COMPETENCY LEVELS

<u>RATING</u>	<u>COMPETENCY STATEMENT</u>
Independent (I)	Provides safe, accurate care Proficient, co-ordinated, organised, confident Functions independently without need of supportive cues but when appropriate consults with other team members
Supervised (S)	Provides safe, accurate care Efficient, co-ordinated, organised, confident Requires minimal supportive cues
Assisted (A)	Provides safe, accurate care At times unco-ordinated and disorganised Requires occasional supportive and directive cues
Marginal (M)	Not always safe and accurate Unco-ordinated and disorganised Requires frequent supportive and/or directive cues
Dependent (D)	Is unable to provide care Lacks co-ordination, efficiency and planning Requires continuous supportive and/or directive cues
N/A	Unable to assess due to lack of opportunity or insufficient time spent with student

GNP reference 2009