

Referee Report

Registered Nurse and Midwife Graduate Program Application

This referee report must be used to support applications for the Queensland Health, Registered Nurse and Midwife Graduate Program.

Once completed, please return the referee report to the applicant as they will be required to upload this referee report as part of their application.

Information provided in a referee report may be released in accordance with the *Right to Information Act 2009* and may be incorporated into feedback for successful or unsuccessful applicants. Should your referee report contain any adverse comments that may affect the selection outcome, the panel will discuss these with the applicant.

Please ensure that you sign this report and provide your contact details to allow us to contact you should the need arise.

Applicant's name:

Applicant's role:

The primary role the applicant held and on which the information below is based.

In what capacity are you providing this reference?

Clinical Supervisor

Current Line Manager

Clinical Facilitator

Previous Line Manager

Volunteer Supervisor

Nurse Educator

Other – please specify:

How long have you known the applicant? Years Months

What is the approximate date of your last professional contact? (mm/yyyy)

What best describes the nature of your relationship with the applicant?

Professional
Personal
Both

Based on your experience with the applicant, please respond to the following questions or statements.

	1 Not at all	2 Some of the time	3 Usually	4 Nearly always	5 Always	Not observed
Does the applicant step up to challenges?						
Does the applicant work collaboratively within the team?						
Does the applicant take accountability for their actions within the workplace?						
Does the applicant demonstrate respect for colleagues and clients?						
Does the applicant communicate clearly and effectively?						
Was the applicant reliable? (punctuality, regular attendance)						

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	1 not at all	2 some of the time	3 usually	4 nearly always	5 always	not observed
Does the applicant ask for assistance when needed?						

Are you aware of any reason that the applicant would not be able to fulfil the responsibilities of a graduate registered nurse or graduate midwife? (if yes, please provide details)	Yes	No
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Would you employ, or re-employ the applicant?	Yes	No
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Are you aware of any past serious disciplinary action? (if yes, please provide details)	Yes	No
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Please provide any comments that might be relevant.

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Referee Name:

Email address:

Referee Position:

Phone number:

Department or Organisation:

Signature: _____

Date: