

REFERENCE CHECK

Date:	Applicants Name:
Referee completing form:	Referee's position/specialty:
Referee's Organisation/Hospital:	Role in which you worked with the applicant:
Contact phone number:	How long have you known the applicant?
Email:	

Clinical Ability and Knowledge:

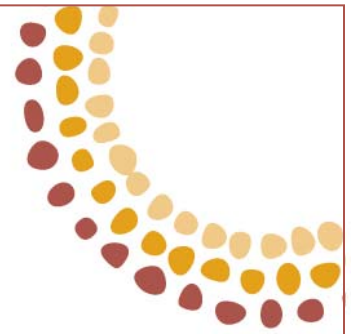
- Clinical Knowledge Excellent Very Good Good Poor
- Practical Skills Excellent Very Good Good Poor
- Supervisory Skills Excellent Very Good Good Poor N/A
- Clinical Judgment Excellent Very Good Good Poor

General Attitude/Teamwork:

- Ability to work under pressure Excellent Very Good Good Poor
- Ability to take directions Excellent Very Good Good Poor
- Ability to work in a team Excellent Very Good Good Poor
- Ability to meet deadlines Excellent Very Good Good Poor N/A
- Flexible and willing to assist Excellent Very Good Good Poor

Communication Skills:

- Written Excellent Very Good Good Poor
- Verbal Excellent Very Good Good Poor
- With patients and relatives Excellent Very Good Good Poor N/A
- With other health professionals Excellent Very Good Good Poor



- What is your opinion of the applicant's professional suitability to remote health practice?
 Excellent Very Good Good Poor

Comments: _____

- What particular aspects about the applicant's ability/skills can be improved?
(give examples if applicable)

- Has the applicant been the subject of any disciplinary actions, warnings or concerns?
 Yes No

Comments: _____

- Would you feel comfortable having him/her treat a member of your family? Yes No

Comments: _____

- Is the applicant currently employed at your Organisation/ Hospital? Yes No
If not, would you consider re-hiring the applicant in the future if you had the opportunity?
 Yes with reservations – please comment No – please comment

Comments: _____

Would you like to discuss this applicant further with a member of RAHC? Yes No

Do you permit RAHC to discuss this reference check with our client and in turn the applicant? Yes No

Would you like us to send you information about the Remote Area Health Corps? Yes No

Print Name: _____ Signature: _____

Please return to the Remote Area Health Corps using our Reply Paid Address (no stamp required):
Reply Paid 83081 Deakin ACT 2600
Fax: 02 6203 9598
Email: enquiries@rahc.com.au

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