

**Please Note:** RAHC requires referees to comment on the health professional's clinical practice in the last two years. Referees should have known the applicant for at least three months and should be a supervisor (or peer in the case of GPs, allied health and dental professionals in private practice).

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:	Referee's relationship with applicant:
Email:	How long have you known the applicant:

**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

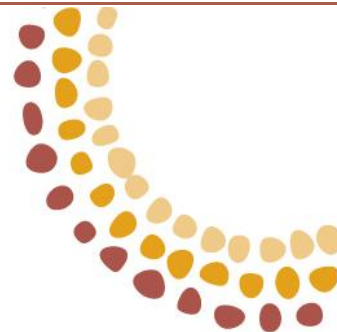
**Communication Skills:**

- 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)

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**Has the applicant been the subject of any disciplinary actions, warnings or concerns?**

Yes  No

Comments:

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

Comments:

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**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:

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**Are there any concerns you may have about this applicant and would like to discuss 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 to receive information about the Remote Area Health Corps?**  Yes  No


Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please sign this form and return to the Remote Area Health Corps via:

**Mail**  Remote Area Health Corps. Suite 17J, Level 1. 2 King St, Deakin, ACT, 2600  
or

**Email**  [enquiries@rahc.com.au](mailto:enquiries@rahc.com.au)

or

**Fax**  (02) 6203 9598

Be part of the effort to improve Indigenous health. Short-term paid placements available in the Northern Territory for as little as three weeks. Get involved today.  
Free call **1300 69 7242** or visit **www.rahc.com.au**