You have been nominated as a Referee, for a Candidate participating in the Victorian Allocation and Placement System Match (Candidate details below).

Please complete the Clinical Reference Form below.

Note: once the form is submitted, this cannot be edited or changed. Ensure you have submitted this form by the closing date.

If you were not aware that you had been nominated as a Referee for this Candidate, or have any concerns in regard to completing the Clinical Reference Form, contact PMCV.

|  |  |
| --- | --- |
| **APPLICANT DETAILS** | **REFEREE DETAILS** |
| **Name:** | **Name:** |
| **Clinical Placement Area(s):** | **Relationship to Applicant:** |
| **Dates of Placement:** | **Phone Number:** |
| **Hospital/Health Facility: Royal Women’s Hospital** | **Email:** |

|  |  |
| --- | --- |
| **Closing date for receipt of Clinical Reference Forms** | System date automatically entered |

**Instructions to referee:**

1. Complete the details below; rating the applicant according to the criteria by selecting the appropriate option, mindful of the applicant’s ability expected at his/her particular level of training.
2. All questions are mandatory and must be completed
3. At the end, tick the box to confirm that the information is true and correct then enter the date you completed the form before clicking on “Submit”

**Key to criteria & weighting of score:**

|  |  |  |
| --- | --- | --- |
| **Score** | **Description** | **Weighting** |
| 1 | Requires substantial development & assistance  Poor theoretical knowledge and clinical application | Weighting score 1 (8% of population) |
| 2 | Performance just adequate  Theoretical & clinical application just evident but not at level expected | Weighting score 2 |
| 3 | Performance consistent with level of experience  Adequate theoretical knowledge and clinical application for level | Weighting score 3 |
| 4 | Performance above average for level of experience  Higher than expected theoretical knowledge and clinical application for level of experience | Weighting score 4 |
| 5 | Performance exceptional  Exceptional theoretical knowledge and clinical application | Weighting score 5 (8% of population) |

In the table below, please rate the applicant according to the outlined criteria by ticking (or typing yes) in the appropriate box

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1**  Poor | **2**  Just adequate | **3**  Consistent | | **4**  Above average | **5** Exceptional | **COMMENTS** |
| **CLINICAL SKILLS** | | | | | | | |
| **Clinical skills** |  |  |  | |  |  |  |
| **Theoretical knowledge** |  |  |  | |  |  |  |
| **Clinical judgement and decision making** |  |  |  | |  |  |  |
| **Provides patient centred care** |  |  |  | |  |  |  |
| **INTERPERSONAL SKILLS** | | | | | | | |
| **Develops rapport with patients** |  |  |  | |  |  |  |
| **Ability to work as part of a team** |  |  |  | |  |  |  |
| **Written, verbal and electronic communication skills** |  |  |  | |  |  |  |
| **ORGANISATIONAL SKILLS** | | | | | | | |
| **Time management and ability to cope with competing priorities** |  |  |  | |  |  |  |
| **PERSONAL & PROFESSIONAL CONDUCT** | | | | | | | |
| **Punctuality & attendance** |  |  |  | |  |  |  |
| **Responds to feedback** |  |  |  | |  |  |  |
| **Self-awareness: recognises own limitations** |  |  |  | |  |  |  |
| **Ability to be self-directed and display initiative** |  |  |  | |  |  |  |
| **ADDITIONAL COMMENTS** | | | | | | | |
| Would you like to make any further comments to support the student’s application? | | | | | | | |
| Would you employ this candidate if the opportunity arose? YES  NO | | | | | | | |
| How would you score this student overall out of 10? \_\_\_/10 | | | | | | | |
| I declare that the information I have entered within this Referee Assessment form is true and correct. | | | | | | | |
| Declared By: | | | | Date: | | | |