

## Reference Check Request Form

<b>Applicant Name:</b>	
<b>Referee Name:</b>	
<b>Relationship to Applicant:</b>	
<b>Organisation/Position Held:</b>	
<b>Phone Number:</b>	

On a scale of 1-4 indicate by circling a number whether you agree or disagree with the following statements:	1 Unsatisfactory	2 Satisfactory	3 Good	4 Excellent
Attendance	1	2	3	4
Work/Clinical Performance	1	2	3	4
Patient and Customer Focused: Demonstrated customer/people service/patient centered care.	1	2	3	4
Teamwork and Collaboration: Respect for the contribution of others, communication with team and active participation.	1	2	3	4
Communicating Effectively: Articulate, can relate to all levels/listen & handle difficult people/conflict.	1	2	3	4
Plans and Organises: Ability to assess, plan and prioritise care for more than one patient.	1	2	3	4

Given the above, would you recommend this candidate for employment (please enter yes or no comment)	
<b>Highly Recommend</b>	
<b>Recommend</b>	
<b>Recommend with Reservation</b>	
<b>Do not Recommend</b>	

**Any further comments:**

**Please complete this form and return it to [e.gunn@alfred.org.au](mailto:e.gunn@alfred.org.au) by 20 July 2018. Reference Check forms must NOT be returned by the student.**