



**This assessment been based on:**

Close personal observation:

General impressions:

Observations made by other team members:

**Fitness to practise:**

Do you have any concerns about this student's fitness to practise as a House Officer?  Yes  No

If **yes**, please comment further.

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**General Comments:**

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**YOUR RESPONSE WILL BE TREATED IN THE STRICTEST CONFIDENCE**

Yes, this reference can be released to the applicant

No, this reference can not be released to the applicant

<b>Signature:</b>		<b>Date:</b>	
<b>Referee's name:</b>			
<b>Designation/Position:</b>			
<b>Email:</b>			
<b>Telephone:</b>			
<b>Please return to:</b>	<b>Post:</b> ACE Centre, Private Bag 92189 Level 3 Building 14 Greenlane Clinical Centre Auckland New Zealand <b>Fax:</b> +64 9 623 4644 <b>Email:</b> <a href="mailto:ace@healthcareers.org.nz">ace@healthcareers.org.nz</a>		
<b>Please return by:</b>	<b>Monday 27 June 2011</b>		

By submitting this reference, I declare that I am the person named as the applicant's referee, that I am vocationally registered as a Consultant GP/Consultant Specialist and that the information given regarding the applicant is true and correct.