



District Health Boards of New Zealand
ACE Centre
Private Bag 92189, Greenlane, Auckland New Zealand

Physical Address
Level 3 Building 14
Green Lane Clinical Centre,
Green Lane West, Auckland, NZ
Fax: +64 9 623 4644
Email: ace@healthcareers.org.nz

CONFIDENTIAL REFEREE'S REPORT

Please complete ALL sections

Name: _____ ACE applicant number: _____
 Email address: _____ Phone number: _____
 Position Held: _____ Dept/Unit/Hospital: _____
 Dates Worked: _____

Position applied for: **First Year House Officer 2010/2011**

Return Date: **28 June 2010**

The above named applicant has applied for a First Year House Officer position for 2010/2011 through the ACE scheme and has nominated you under the Privacy Act 1993, as their referee. If you could kindly complete the following referee report form and return it to ACE by **28 June 2010**, that would be much appreciated.

Please tick one number in each line

- 1 **Unsatisfactory** – Performs significantly below that generally observed for this level of experience
- 2 **Below expectation** – requires further development
- 3 **Meets expectation** – performs at a satisfactory level
- 4 **Above expectation** – Performs at a level better than that which would be expected for the level of experience, very positive/helpful
- 5 **Exceptional** – Far exceeded my expectations, performs at a level well beyond that which would be expected for the level of experience

PROFESSIONAL ABILITY

Not observed

Theoretical knowledge:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Clinical assessment skills:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Medical Records:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Clinical judgement:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Shows empathy:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Willingness to learn:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Willingness to seek assistance:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>

Comments:

WORK SKILLS

Not observed

Work organisation:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Initiative:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Keen to accept responsibility:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Carries out instructions reliably:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Punctuality:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>

Comments:

COMMUNICATION SKILLS

Not observed

Written:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Oral:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Comments:						

PROFESSIONAL RELATIONSHIPS

Not observed

Positive contribution to the team:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Communicates appropriately with all members of the ward team:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Communication with patient and relatives:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
Comments:						

This assessment been based on:

Close personal observation:

General impressions:

Observations made by other team members:

General Comments:

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

Signature: _____

Referee's name:

Designation:

Address:

Telephone: _____ Date: _____

Please return to:

ACE Centre, Private Bag 92189, Greenlane, Auckland, New Zealand
FAX Number +64 9 623 4644

Please return by:

28 June 2010