

		1	2	3	4	5	6	7	N/O
BEHAVIOURAL SKILLS	Team work (ability to easily relate to others and to identify when colleagues require assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-confidence, maturity (ability to support one's own decisions, shows suitable reactions towards sensitive cases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enthusiasm towards work (positive attitude, evidence of interest, goes above and beyond their specified duties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This assessment been based on:

Close personal observation:

Observations made by other team members:

Attendance:

Do you have any concerns about this student's attendance during his / her placement? Yes No

If **yes**, please comment further.

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.

Do you consider the candidate suitable to work with children? Yes No

If **no**; please comment

Are there any proceedings, investigations, complaints or suggestions that would give you any concerns whatsoever about this student being appointed to a position working safely or having contact with children: Yes No

If **yes**; please comment

General Comments (*Recommended*):

YOUR RESPONSE WILL BE TREATED IN THE STRICTEST CONFIDENCE

This reference will not be released to the applicant. Should you choose to share the information, you should do this directly with the applicant.

Signature:		Date:	
Referee's name:			
Designation/Position: <i>Referees must be a Senior Medical Officer (SMO) who is vocationally registered, or a General Practitioner (GP)</i>			
Email:			
Telephone:			
Please return this form directly to:	Post: NRA - ACE Centre, PO Box 112147 Penrose Auckland 1642 New Zealand	Email: rmo@acenz.net.nz	Fax: +64 9 579 1433
Please return directly to ACE by:	12 pm Friday 7 June 2019		

By submitting this reference, I declare that I am the person named as the applicant's referee, that I am a Senior Medical Officer (SMO) who is vocationally registered to practise in my specialty or General Practitioner (GP) and that the information given regarding the applicant is true and correct.