

Mailing Address:

567 Boul. St. George Blvd, Moncton , NB Canada E1E 2B9

Tel: 1-888-798-3888

Confidential Reference Form

Name of Applicant:		<u></u>									
Program for which you are applying:	Primary Care Paramed	dic	Advance	ed Care	Parar	medi	С				
The following sections are to be completed by the reference is assist the Admissions Committee to will form part of the assessment process for admissions.	determine suitability of this applic	ant for studies in			-						
Please note that it is possible that due to the natural Please complete as many sections as possible directly to Medavie HealthEd or provide to the apple	and indicate the non-applicable	sections by indic									
Referral Information:											
Name:		Contact Numbers:	:								
Company:		Residence:						-			
Position:	_	Office:						-			
		Cellular:						-			
Civic:		Fax:						-			
Town:	Prov:	Email:									
Postal Code:				Note:	Adva	anced	ı c	are	Par	amedio	cine
In what capacity do you know this applicant?				-					quired to		
Have you worked directly with this applicant?	Yes No				their	Reg	gional	Med	dical Dir	ector,	QA
How long have you known this applicant?	Years	Months				ıc, erviso	_	nai	Super	visor	or
For each of the following qualities please place a	in the box that appropriately de	escribes this appli	cant								
Attitude/Application to work:		Relations with	others								
Outstanding/Enthusiasm		Works well with others									
Interested and industrious		Cong	genial and he	elpful							
Average		Seems to get along well									
Somewhat indifferent		Difficult to work with									
Definitely not interested		Causes friction within group									
Not applicable		Not a	Not applicable								
Ability to learn		Acceptance of suggestions and criticisms									
Learned work exceptionally well		Acts	Acts promptly on suggestions and criticisms								
Learned work readily		Grac	Graciously accepts suggestions and criticisms								
Average		Acce	Accepts suggestions and criticisms satisfactorily								
Slow in learning		Reluctantly accepts suggestions and criticisms									
Very slow in learning		Rese	ents suggest	tions and	d critic	cism	S				
Not applicable		Not a	applicable								
Judgement		Quantity of wo	ork produced	b							
Very good		High	output								
Good common sense		Abov	e average o	utput							
Usually good		Norm	nal output								
Often undependable		Belov	w average o	utput							
Poor, jumps to conclusions		Low	output								
Not applicable		Not a	applicable								

Quality of work produced			Written commu	unication skills						
Excellent			Excellent, well organized thought							
Good			Good							
Average/Acceptable			Averag	ge/Acceptable						
Poor			Poor							
Unacceptable			Unacc	eptable						
Not applicable			Not ap	pplicable						
Spoken communication skills		I	nterest and cor	mmitment to Prehospital Care						
Excellent, well organized thought			Except	tional						
Good			Very H	ligh						
Average/Acceptable			Averag	ge						
Poor			Below	average						
Unacceptable			Poor							
Not applicable			Not ap	pplicable						
Please indicate your opinion of the applicant in reference to the following traits or characteristics:										
	Exceptional	Good	Aver	rage Below Average	Poor					
Initiative										
Maturity										
Planning and organizing work										
Ability to work under pressure										
Dependability										
Accepts responsibility										
Manages time effectively										
Listening ability										
Attendance/Punctuality										
Dress/Appearance										
Ethical standards										
Commitment										
Recommendation										
I would highly recommend this applicant										
I would recommend this applicant										
I am doubtful that I would recommend this a	pplicant									
I would not recommend this applicant										
I am unable to judge										
Comments:										
				DD MM	YYYY					
		<u>-</u>								
Signature				Date						