

## Confidential Reference Form

Name of Applicant: \_\_\_\_\_

Program for which you are applying:  Primary Care Paramedic  Advanced Care Paramedic

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is assist the Admissions Committee to determine suitability of this applicant for studies in a Paramedicine program. The information you provide will form part of the assessment process for admissions and may be shared with this applicant.

Please note that it is possible that due to the nature of your involvement with this applicant, you may not be able to complete certain sections of this form. Please complete as many sections as possible and indicate the non-applicable sections by indicating N/A. When completed, please return this form directly to Medavie HealthEd or provide to the applicant in a signed and sealed envelope.

**Referral Information:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Civic: \_\_\_\_\_  
 Town: \_\_\_\_\_ Prov: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

Contact Numbers:  
 Residence: 


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 Office: \_\_\_\_\_  
 Cellular: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

In what capacity do you know this applicant? \_\_\_\_\_  
 Have you worked directly with this applicant?  Yes  No  
 How long have you known this applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

Note: Advanced Care Paramedicine Applicants are required to have a minimum of one referral from either their Regional Medical Director, QA Medic, Regional Supervisor or Supervisor.

For each of the following qualities please place a ✓ in the box that appropriately describes this applicant

**Attitude/Application to work:**

- Outstanding/Enthusiasm
- Interested and industrious
- Average
- Somewhat indifferent
- Definitely not interested
- Not applicable

**Relations with others**

- Works well with others
- Congenial and helpful
- Seems to get along well
- Difficult to work with
- Causes friction within group
- Not applicable

**Ability to learn**

- Learned work exceptionally well
- Learned work readily
- Average
- Slow in learning
- Very slow in learning
- Not applicable

**Acceptance of suggestions and criticisms**

- Acts promptly on suggestions and criticisms
- Graciously accepts suggestions and criticisms
- Accepts suggestions and criticisms satisfactorily
- Reluctantly accepts suggestions and criticisms
- Resents suggestions and criticisms
- Not applicable

**Judgement**

- Very good
- Good common sense
- Usually good
- Often undependable
- Poor, jumps to conclusions
- Not applicable

**Quantity of work produced**

- High output
- Above average output
- Normal output
- Below average output
- Low output
- Not applicable

Quality of work produced

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Average/Acceptable
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Unacceptable
<input type="checkbox"/>	Not applicable

Written communication skills

<input type="checkbox"/>	Excellent, well organized thought
<input type="checkbox"/>	Good
<input type="checkbox"/>	Average/Acceptable
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Unacceptable
<input type="checkbox"/>	Not applicable

Spoken communication skills

<input type="checkbox"/>	Excellent, well organized thought
<input type="checkbox"/>	Good
<input type="checkbox"/>	Average/Acceptable
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Unacceptable
<input type="checkbox"/>	Not applicable

Interest and commitment to Prehospital Care

<input type="checkbox"/>	Exceptional
<input type="checkbox"/>	Very High
<input type="checkbox"/>	Average
<input type="checkbox"/>	Below average
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Not applicable

Please indicate your opinion of the applicant in reference to the following traits or characteristics:

	Exceptional	Good	Average	Below Average	Poor
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and organizing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress/Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

<input type="checkbox"/>	I would highly recommend this applicant
<input type="checkbox"/>	I would recommend this applicant
<input type="checkbox"/>	I am doubtful that I would recommend this applicant
<input type="checkbox"/>	I would not recommend this applicant
<input type="checkbox"/>	I am unable to judge

Comments:

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Signature

DD	MM	YYYY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date