

The following information can be completed by a preceptor, clinical instructor or supervisor who is knowledgeable about your skills and abilities as a student nurse.

Send the completed reference form by email (EmployedStudentNurse@northernhealth.ca) or fax (250-565-2640).

Student information (to be completed by the student)				
<p>Authorization to release information: By completing the following information, I consent to Northern Health or its agent making enquiries and obtaining reports regarding my student history. <i>Enter name, email address and date to release information and email to your clinical reference.</i></p>				
Applicant's name	Position applied for	Email	Date	
Referee information (to be completed by a referee with knowledge of your clinical practice)				
<p>The student named above has applied for employment as an Employed Student Nurse in the area identified above. We would appreciate your candid answers to the following questions to assist in our evaluation of applicants. Your response will be held in strict confidence. Please complete this reference and email to EmployedStudentNurse@northernhealth.ca.</p>				
Name	Title	Telephone #	Email address	Relationship to applicant
General information (Used for evaluating for acceptance and placement. Please provide as much information as possible.)				
<p>Is the applicant is competent/confident enough in their practice to enter an advanced practice area?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>Is the applicant able to work independently within his/her scope of practice?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>Is the applicant able to organize, prioritize, and complete assigned work/tasks in a timely manner?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>Is this applicable capable of clinical/decision-making to the level of school (theory/skill/judgment) completion?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>Is the applicant punctual with strong attendance?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No				

Is the applicant an effective and participative team member?

- Yes
- No

On a scale of 1 to 10 (10 being the highest), how would you rate the applicant's performance? Please explain.

- Yes
- No

If there was any area of training that you felt this applicant lacked, what would it be?

- Yes
- No

Comment on the applicant's suitability for employment

If the opportunity existed, would you hire the applicant for employment? Why or why not?

Additional comments

Date: _____ Signature: _____