

Employed Student Nurse Reference Form

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

For additional information about the Employed Student Nurse (ESN) Program please contact us at studentpractice@northernhealth.ca.

Student information (to be completed by the student)

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.
Enter name, email address and date to release information and email to your clinical reference.

Applicant's name	Email	Date
Current year of study: <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd (note the equivalent if in an accelerated RN Program)	Program of Study: <input type="checkbox"/> RN <input type="checkbox"/> RPN	Anticipated Graduation Date:

Referee information (to be completed by a referee with knowledge of your clinical practice)

Name	Title	
Telephone	Email Address	Relationship to applicant

The student named above has applied for employment as an Employed Student Nurse. 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.

Referee Evaluation

Please rate the following on a scale of 1-5:

1 – Unacceptable, 2 – Needs Improvement, 3 – Meets Expectations, 4 – Exceeds Expectations, 5 – Outstanding

Dependability:	Professionalism:
Ability to Collaborate:	Confidence:
Interpersonal Skills:	Judgement/ Critical Thinking:
Initiative:	Integrity / Ethics:
Verbal / Written Skills:	Adaptability:
Flexibility:	Prioritization/ Organization:
Ability to Handle Stress:	Awareness of Limitations:
Overall School/Clinical Practicum Performance:	

Please comment on school and/ or clinical practicum attendance:

Clinical Standards met? YES NO

Would you recommend the student for employment with Northern Health? YES NO

Thank you for your input and ongoing support of nursing students!

Additional comments to supplement the above information. Please include as much detail as possible.

Date:

Signature: