

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

For additional information please contact us at [nhjobs@northernhealth.ca](mailto:nhjobs@northernhealth.ca).

**Candidate information (to be completed by the candidate)**

**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.*

<b>Applicant's name</b>		<b>Email</b>	
Name of post secondary institution		Program of Study RN RPN	<b>Graduation Date: past or anticipated</b>

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

<b>Name</b>		<b>Title</b>	
<b>Telephone</b>	<b>Email Address</b>		<b>Relationship to applicant</b>

The candidate named above will be considered for employment as a New Graduate Nurse with Northern Health. We appreciate your candid answers to the following questions to assist in matching candidates to ideal positions, and to support their growth and transition as New Graduate Nurses. Your responses 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 Work/School/Clinical Practicum Performance:			

If applicable, please comment on work / clinical / practicum attendance:

Clinical Standards met?  YES  NO

Would you recommend the candidate 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: