Graduate Registered Nurse/Midwife Referee Report

You have been nominated as a referee for an applicant seeking a graduate Registered Nurse/Midwife with Metro North Hospital and Health Service.

Please comment regarding the applicant’s ability and behaviour in relation to the following questions including key skill requirements for the role in question. Metro North Hospital and Health Service recognises and appreciates your assistance in this process.

**Please note:**

* When a referee provides an adverse comment in a referee report, the panel has an obligation to disclose those comments to the applicant.
* Referees covered by the Recruitment and Selection Directive 15/13 must disclose all information known to them regarding the applicant’s ability to fulfil the role and workplace behaviours, even if not directly requested by the panel. The omission of relevant information or untruthful information constitutes grounds for discipline.

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| --- | --- |
| **Referee Report Details** | |
| **Referee Name** |  |
| **Referee Title (Position Title)** |  |
| **Applicant’s Name** |  |
| **Professional Relationship** | |
| Do you have a personal relationship with the applicant or any conflict of interest in providing this reference? | Yes  No |
| Comment: |
| For what period of time have you known the applicant?  Please provide dates – DD/MM/YYYY |  |
| In what professional capacity is the applicant known to you? |  |
| What position was held by the applicant? |  |
| **Job Performance** | |
| During the time you have known the applicant, how would you characterise their performance in general? | Excellent  Good  Adequate  Poor  Not Observed |
| Comments: |
| Computer skills | Excellent  Good  Adequate  Poor  Not Observed |
| Please comment on the applicant’s time management and knowledge base in relation to a graduate Registered Nurse/ Midwife role (including their strengths and weaknesses).  If unable to comment on the nursing/midwifery role, please state this in your response and comment on performance in their current role. |  |
| **APPLICANT NAME:** | |
| **Work Ethic/Reliability/Punctuality** | |
| Punctuality and reliability | Excellent  Good  Adequate  Poor  Not Observed |
| Organisational skills | Excellent  Good  Adequate  Poor  Not Observed |
| Initiative | Excellent  Good  Adequate  Poor  Not Observed |
| Does the applicant contribute positively to the workplace? | Yes  No |
| Comment: |
| How does the applicant respond to feedback and development opportunities? |  |
| Additional comments on work ethic, reliability and punctuality. |  |
| Does the applicant take accountability for their actions and decisions? |  |
| **Communication and Interpersonal Skills** | |
| Communication and rapport with patients/clients | Excellent  Good  Adequate  Poor  Not Observed |
| Relationships are key to this role. Can you comment on the applicant’s ability to build and maintain key relationships?  How would you describe their approach? What is their relationship with other health professionals or members of work team? | Excellent  Good  Adequate  Poor  Not Observed |
| Comment: |
| Does the applicant demonstrate respect in the workplace with their colleagues/clients? How is respect reflected in their communication with others? |  |
| Additional comments on interpersonal skills: |  |
| **Employability** | |
| Applicant’s attendance | average for employees/students  better than average  not as good as average |
| Are you aware of any medical (mental or physical, [including substance abuse or dependence]) condition which might affect the applicant’s ability to perform this role competently and safely? | Yes  No (If yes, please note the actions taken to address concerns) |
| Comment: |
| Has the applicant ever needed to be counselled about excessive sick leave or patterns of absence? | Yes  No |
| Comment: |

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| --- | --- |
| **APPLICANT NAME:** | |
| Are you aware of any poor performance issues, formal complaints, disciplinary or legal action against the applicant?  If so, what were the issues and what was the outcome? | Yes  No (if yes, please provide details) |
| Comment: |
| Would you offer the applicant another position in your work area or recommend them for employment as a graduate Registered Nurse/Midwife? Why? | Yes  No (please explain) |
| Comment: |
| **Referee Details (THIS INFORMATION IS MANDATORY)** | |
| Name |  |
| Position |  |
| AHPRA Registration Number (if clinical referee) |  |
| Place of employment |  |
| Signature |  |
| Date |  |

**Thank you for your time and valued response**

**Information for Referees**

1. **Nursing/Midwifery graduate applicants are responsible for bringing completed referee reports to their interview.**
2. Referee reports **must** be returned directly to the Nursing/Midwifery graduate applicant.
3. Referee reports **must** be hand signed by the referee or include an electronic signature (not name written in italics).
4. Referees must meet one of the following criteria
   1. Nursing/Midwifery Clinical Facilitator from the applicant’s final year of study or Nurse Unit Manager/Preceptor who has been directly responsible for the applicant’s clinical placement supervision for two (2) weeks or more full time (or a minimum of 80 hours placement) and has direct knowledge of clinical performance, OR
   2. Current Line Manager (or previous line Manager from within the last two [2] years, if not currently employed) who has a direct supervisory role. This does not need to be a nursing/midwifery position, OR
   3. Supervisor for a volunteer position, e.g. St John’s Ambulance, Red Cross, sports coaching. The referee must be a direct supervisor of the applicant.
5. Referee reports which are returned to the applicant via email **must** be forwarded from the referee’s work email account, not a personal email account. Emails must include the declaration outlined below:

*I, <insert name> have completed this referee report and returned it via email to the nursing/midwifery graduate applicant whose name appears on the top of this referee report. This report includes my signature and is a true and accurate reflection of my knowledge of the applicant. The applicant is requested to bring the referee report and this email to their interview.*

1. Emailed referee reports must be forwarded to the applicant in **PDF format**.
2. Referee reports are not to be forwarded directly to Metro North Hospital and Health Service facilities.
3. Referee reports are valid for 12 months from date of signature.
4. Referees who do not wish referee reports to be viewed by the applicant prior to review by the interview panel, should indicate by ticking the box below and placing the report in a sealed envelope (please sign across the envelope seal to identify envelope has been sealed by the referee). These reports must be returned directly to the applicant to bring to their interview.

Sealed referee report provided to applicant