

1. Applicant Details

Surname: _____
 First Name(s): _____
 Registration Number: _____
 Date of Birth: _____

2. Referee details

Surname: _____
 First Name(s): _____
 Current Position & Qualifications: _____
 Relationship to Applicant: _____
 Referee's Telephone: _____
 Referee's Email: _____
 Period worked with applicant Period from: _____ Period to: _____
 Location worked with applicant: _____
 Reference based on First hand observation
 Information from colleagues
 Information from other medical staff
 Other (please specify) _____
 Is English your native language Yes No

3. Does the referee have any personal or professional connection with the applicant that may prejudice the way in which the reference is provided?

No
 Yes If yes, the person is not acceptable as a referee.

4. Approximately how long have you known the applicant and in what capacity?

Office use only – MRS Name: _____

5. When was your most recent professional contact with the applicant?

6. How would you describe the applicant's overall clinical skills, ability and knowledge base?
(please tick one)

<input type="checkbox"/>	Poor; definitely needs remediation
<input type="checkbox"/>	Below average; remediation needed in some areas
<input type="checkbox"/>	Average; no specific areas of deficiency
<input type="checkbox"/>	Very good; base of knowledge above average and good application
<input type="checkbox"/>	Outstanding; superior knowledge and clinical performance

Comments:

7. How would you rate the applicant's ability to accept responsibility in a clinical context?

8. What is the nature of the practice and patient population encountered in the applicant's professional practice? *(For example, gender, age, range of presentations)*

9. How would you describe the applicant's ability to integrate cognitive and clinical skills, and to consider alternatives in making diagnostic and therapeutic decisions and provide comprehensive high quality care? *(Please give examples where appropriate)*

10. How would you describe the applicant's ability to critically assess information, identify major issues, make timely decisions and act upon them? *(Please give examples where appropriate)*

11. When the applicant encounters an unusual or difficult situation, how would you describe his or her willingness to seek assistance from, or consult with, a colleague? *(Please give examples where appropriate)*

12. Are you aware what steps the Applicant has taken to stay abreast of new developments in the field of professional practice? *(For example, participates in continuing medical education)*

No Go to next question (or comment below)

Yes If yes, give details below.

13. Describe the Applicant's work ethics/ reliability/ punctuality?

14. How would you describe the Applicant's interpersonal and communication skills with patients and ancillary staff? (Please tick one)

<input type="checkbox"/>	Frequent interpersonal problems with various groups, no insight into problems and thus, improvement is unlikely. Cannot function within a team because of these problems
<input type="checkbox"/>	Frequent interpersonal problems, has insight but seems unable to improve or not wanting to improve. Difficulty in functioning in a team environment
<input type="checkbox"/>	Occasional interpersonal difficulties, becomes frustrated easily, does not recognise importance of team work but functions within one reasonably well
<input type="checkbox"/>	Average, no major problems. Recognizes importance of team work and interactive in this setting
<input type="checkbox"/>	Very good, well liked by patients, staff, consultants, and colleagues. A respected team member
<input type="checkbox"/>	Outstanding, great to work with, sensitive to others, can be counted on in tense situations and receptive to ideas of and can bring out the best in other team members.

Comments (please provide if you have ticked one of the first three boxes):

15. How would you rate the applicant's ability to orally communicate in, and comprehend, English in a clinical environment? (please tick one)

<input type="checkbox"/>	Not acceptable
<input type="checkbox"/>	Difficult to understand when talking one on one
<input type="checkbox"/>	Difficult to understand when talking to patients/on telephone/in group situation
<input type="checkbox"/>	Acceptable, does not have to concentrate to understand
<input type="checkbox"/>	Excellent

Comments (please provide if you have ticked one of the first three boxes):

16. How would you describe the applicant's written communication skills? (please tick one)

	Poor standard of written work
	Written work is readable and of satisfactory standard
	Written work is fluent and highly effective

Comments:

17. How would you describe the applicant's ability to plan, co-ordinate, and complete administrative tasks associated with medical care?

18. How would you rate the applicant's ability to handle pressure and/or a busy workload?

19. How would you describe the applicant's moral and ethical behavior towards patients, families and colleagues?

20. What would you describe as the applicants weaknesses/limitations? How would you rate the applicant's ability to recognize their limitations?

21. What would you describe as the applicant's main strengths?

22. How would you rate the applicant's ability to adapt to new situations? The practice environment in Australia and New Zealand can sometimes be very different to that encountered in other countries. How would you see the applicant adapting to a new practice and cultural environment?

23. Are you aware whether the Applicant suffers from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and which you believe may adversely affect his/her ability to competently and safely practice medicine?

No Go to next question (or comment below)

Yes If yes, give details below.

24. Are you aware of any complaints, disciplinary, or legal action?

No Go to next question (or comment below)

Yes If yes, give details below.

25. How would you feel about hiring the Applicant as a locum?

26. How comfortable would you feel having the Applicant treat a member of your family?
27. What procedural skills are you aware that the Applicant possesses?
28. Please comment on the extent and quality of the applicant's supervised training and experience?
29. How would you describe the quality and range of the applicant's current professional work?
30. Is the applicant recognized by his or her colleagues as being of Consultant/Specialist standard? *(if applicable)*
31. In your opinion, does the applicant have the skills and knowledge to safely practise independently as a Specialist/Consultant? *(if applicable)*
32. Do you know of any other issues not specified in this form that International Medical Recruitment or the relevant registration bodies should be made aware of?

33. Overall Comments *(Please summarise overall clinical performance)*

Certification and Declaration of Referee

I declare that I am the person named as the applicant's referee, that I hold the above qualifications, and that the information I have given regarding the applicant is true and correct.

I understand that the information I have provided is to be used by International Medical Recruitment and its clients, Medical Board representatives and Medical Council representatives, for the purposes of considering the applicant's application for registration in Australia and New Zealand, and may be disclosed to agents of the Council for these purposes.

I understand that the information I have provided may be disclosed to the applicant as part of the process of considering the applicant's application for registration in New Zealand.

Under the Privacy Act 1988 (Cth) an individual has the right to request access to any personal information that the company holds about the individual.

Name (please print): _____

Position: _____

Date: _____

Signature: _____



Please complete this form and fax or email to:

Fax in Australia: +61 3 8648 6846
Fax in the UK: 0871 237 8801
Email: info@IMRmedical.com

Please also post the original to:

International Medical Recruitment
Level 6 West Tower
608 St Kilda Road
Melbourne, Victoria
Australia, 3004

Office use only:

Scope of practice applied for (NZ) _____

Scope of practice applied for (AUS) _____