



## CONFIDENTIAL DOCUMENT

### Instructions for applicant

- Do not fill out this form, it is completed by your two clinical referees so please give them a copy each.
- One referee must be in a more senior role than you and the other must be either a peer or in a role senior to you.
- Your referees must have worked with you for at least three months.

### Instructions for referee

- Please fill out this form as part of the applicant's application.
- This form is confidential, RAHC will not share your responses with the applicant without your express permission.
- Once completed, please return this form directly to RAHC (contact details below)
- For assistance in completing this form please contact the RAHC team on 1300 697 242 or enquiries@rahc.com.au

### Details

Applicant's name	Your relationship to applicant
Your name	How long have you known the applicant?
Your current place of employment	Your current position/speciality
Your place of employment when you worked with the applicant	Your position/speciality when you worked with the applicant
Your daytime phone number	Your email

### Clinical Ability and Knowledge

Clinical Knowledge	Excellent	Very Good	Good	Poor
Practical Skills	Excellent	Very Good	Good	Poor
Supervisory Skills	Excellent	Very Good	Good	Poor
Clinical Judgment	Excellent	Very Good	Good	Poor

### General Attitude/Teamwork

Ability to work under pressure	Excellent	Very Good	Good	Poor	
Ability to take direction	Excellent	Very Good	Good	Poor	
Ability to work in a team	Excellent	Very Good	Good	Poor	
Ability to meet deadlines	Excellent	Very Good	Good	Poor	NA
Flexible and willing to assist	Excellent	Very Good	Good	Poor	
Honesty and trustworthiness	Excellent	Very Good	Good	Poor	

### Communication Skills

Written	Excellent	Very Good	Good	Poor	
Verbal	Excellent	Very Good	Good	Poor	
With patients and relatives	Excellent	Very Good	Good	Poor	NA
With other health professionals	Excellent	Very Good	Good	Poor	



Opportunities with RAHC involve working as part of a multidisciplinary remote health team to treat illness and chronic conditions, promote wellbeing, maintain health systems and encourage community health action to contribute to better health outcomes for Indigenous people in remote communities.

What is your opinion of the applicant's professional suitability for this type of role?

What particular aspects about the applicant's ability/skills can be improved? *(give examples if applicable)*

Has the applicant been the subject of any disciplinary actions, warnings or concerns? *If yes provide details* Yes No

Would you feel comfortable having the applicant treat a member of your family? *Please provide comments* Yes No

Is the applicant currently employed at your organisation/hospital? Yes No

If not currently employed at your organisation/hospital, would you re-hire the applicant in future if you had the opportunity? Yes No

If you re-hired the applicant, would you have any reservations regarding the applicant? *If yes, provide details* Yes No

Do you permit RAHC to discuss this reference check with our client and in turn the applicant? Yes No

Your name Your signature Date

**Please return this completed form to Remote Area Health Corps via:**

**Mail** Remote Area Health Corps. Unit 34, 2 King St, Deakin, ACT, 2600 **Email** enquiries@rahc.com.au **Fax** (02) 6203 9598