

Council directed health assessor reference

Referee details:

Title:	_____	Street:	_____
First Name:	_____		_____
Surname:	_____	Suburb:	_____
Phone:	_____	Post Code:	_____

Applicant details:

Title:	_____	First Name:	_____	Surname:	_____
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Specific questions

1. How long have you known the applicant, and in what capacity?

2. Are you aware of any professional conduct or past performance issues that may be relevant and appropriate for us to consider?

3. What particular characteristics does the applicant possess that makes him/her suitable for this role?

4. Please review the services statement for this role. Is there any additional information we should consider?

5. How would you rate the applicant's performance against the following criteria?
(scale 1- 10)

Demands

Read and assimilate a large volume of information

Maintain confidentiality of process

Clear and unambiguous communication in writing

Willingness to provide report within a short turnaround time

Accuracy of report writing

Requirements

Commonsense

Decision making

Recency of practice

Contemporary knowledge

Skills

Demonstrates insight into own and others behaviours

Respected peer in the profession

6. Any further comments?
