

PEI Nursing Recruitment Incentive Program

Reference Form

This reference is being provided as part of the *PEI Nursing Recruitment Incentive Program*. The information collected on this form will assist with administering the program and determining individual suitability for employment as a Registered Nurse with Health PEI. The information received about the applicant will only be shared for the purposes of administering the program.

The person eligible to provide this reference ought to know the applicant and should have been a **clinical instructor, a preceptor, or direct supervisor of the applicant, in a clinical setting**.

We would appreciate receiving your assessment of the applicant's competencies. **Please return** the completed form directly to the Recruitment and Retention Secretariat at PSCstudentreference@gov.pe.ca.

For information contact the Secretariat at (902) 620-3872 or healthrecruiter@gov.pe.ca

Freedom of Information and Protection of Privacy Act Advisory

The information obtained during this reference check may be accessed through the Freedom of Information and Protection of Privacy process. Do you wish to have this reference and your opinions kept in confidence?

Keep in confidence: Yes Not Necessary

Applicant Name: _____

Name and Title of Reference: _____

Telephone and Email: _____

Professional connection to applicant: clinical instructor

preceptor

direct supervisor in a clinical setting

Are you related to the applicant? Yes No

She/he has worked with or has been employed by you

from: _____ to: _____

How long have you known the applicant? _____ months / years

As part of your comments on the applicant, please use terms such as poor, fair, good, excellent, and exceptional.

Comment on the applicant's knowledge, be specific:

Comment on the applicant's organizational ability:

Comments on the applicant's initiative and ability to work independently:

Comments on the applicant's patient management:

Comments on the applicant's decision-making ability, problem solving, and judgement:

Comments on the applicant's communication skills (written/oral):

Comments on the applicant's interpersonal skills:

Comments on the applicant's acceptance of constructive feedback and direction:

Comments on the applicant's attitude / ability to maintain effective working relationships with co-workers, supervisors, clients, & public; ability to work as a team player:

Comments on the applicant's flexibility, adaptability, reaction to changing environment:

Comments on the applicant's professional & work ethics (dependability, punctuality, attendance, etc.):

Please provide one or more area(s) where the applicant needs improvement:

Please provide her/his strong points:

Is there anything else of significance that we should know about the applicant?

What is your overall rating of this applicant?

Poor Fair Good Excellent Exceptional

If the need arises, would you be willing to discuss this applicant over the telephone?

Yes No

If yes, what phone number should we use to contact you?

(_____) _____ - _____ or (_____) _____ - _____

I hereby certify that the information provided is true and accurate to the best of my knowledge.

Print Name

Title

Signature (only if completing a paper copy)

Date

Personal information on this form is collected under the authority of section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01, to evaluate qualifications of applicants to the *PEI Nursing Recruitment Incentive Program*. If you have any questions about this collection of personal information, you may contact the Recruitment and Retention Secretariat at (902) 620-3872 or healthrecruiter@gov.pe.ca