

**REFERENCE FOR GPs WORKING IN RESIDENTIAL CARE**  
(please complete two (2) separate referee forms)

**1. NAME OF APPLICANT:**

**2. REFEREE'S DETAILS:**

Name	
Contact Number	
Current Position	
Relationship to applicant	

3. Does the Referee have any personal or professional connection with the applicant that may prejudice the way in which the reference is provided?
4. Approximately how long have you known the applicant and in what capacity?
5. When was the most recent professional contact with the applicant?
6. How would you rate the applicant's overall clinical skills and knowledge base?
7. What is the nature of the practice and patient population encountered in the applicant's professional practice?
8. Are you aware of what steps the applicant has taken to stay abreast of new developments in the field of professional practice? (e.g., continuing medical education) Please give brief description.
9. Describe the applicant's clinical decision making capabilities and ability to work in a clinical team
10. Describe the applicant's adherence to confidentiality, professional ethics and good workplace behavior

11. Describe the applicant's interpersonal and communication skills with patients and staff

12. Are you aware of any ongoing medical condition, mental or physical (including substance abuse or dependence), suffered by the applicant; AND which you believe may adversely affect the applicant's ability to competently and safely practice medicine? If yes please give details

13. Are you aware of any complaints or disciplinary or legal action against the applicant? If yes please give details below

14. Any other comments?

15. I certify this report has been completed to the best of my knowledge and observation.

Signature:	
Date:	

Office Use Only

Date application received:

Referees checked by:

Date: