



Application for registration: Referee's report

RP9 – July2007
For office use only
Registration No:

- Referees are asked to comment on the applicant's abilities as a medical practitioner and therefore need to be familiar with his or her current professional practice.
- Referees are requested to provide detailed responses.

SECTION ONE – Applicant's details

Family name	
Given name(s)	
Proposed appointment	

SECTION TWO – Referee's details

Family name			
Given name(s)			
Phone		Fax	
E-Mail			
Medical Qualifications			
Position / Title			
Place of work			
Relationship to applicant	<input type="checkbox"/> Peer <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (please specify) _____		

How long have you known the applicant? _____

How long have you worked with the applicant? _____ Period from: _____ to _____

Please indicate below the basis on which you are primarily making your assessment of the applicant:

- First hand knowledge/direct observation Information from colleagues
 Information from other medical staff Other (please explain): _____

SECTION THREE – Declaration

- 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 the Medical Council and its agents for the purposes of considering the applicant's application for registration in 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.

Referee's signature		Date	/ /	/ /	/ /
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SECTION FOUR – To be completed by the referee for all applications**1. Medical/clinical knowledge and application**

1.1 How would you rate the applicant's knowledge, skills and ability in a clinical context?

Comments:

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

Comments:

2. Record keeping/organisational skills

2.1 How would you describe the applicant's ability to plan, co-ordinate and complete administrative tasks associated with medical care? How would you rate the applicant's ability to handle pressure and/or a busy workload?

Comments:

3. Communication and relationship skills

3.1 How would you rate the applicant's ability to communicate in and comprehend English in a clinical environment? On what basis do you make this assessment? (i.e. is English your first language?)

Comments:

3.2 How well does the applicant demonstrate interpersonal skills with patients and staff?

Comments:

4. Professional Attitudes	
4.1	How would you describe the applicant's moral and ethical behaviour towards patients, families and colleagues?
Comments:	
4.2	What would you describe as the applicant's weaknesses/limitation? How would you rate the applicant's ability to recognise his or her own limitations?
Comments:	
4.3	How would you rate the applicant's ability to adapt to new situations? The practice environment in 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?
Comments:	

5. Fitness to practise	
5.1	To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse) which may affect the applicant's performance as a medical practitioner? Yes / No If yes, please provide details on a separate page
5.2	To the best of your knowledge, are there any current or past disciplinary actions or legal proceedings against the applicant? Yes / No If yes, please provide details on a separate page
5.3	Are there any other issues you think Council should be aware of? If yes, please provide details on a separate page Yes / No If yes, please provide details on a separate page