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| ACTGov_Health_inline_CMYK.jpg | REFEREE REPORT |

(For written or verbal comments)

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| --- | --- | --- | --- |
| Applicant: | Position No: | | Classification: |
| Division: | Branch: | | Section: |
| Referee name/title /work location: | | Phone  Fax | |
| Relationship to Applicant: | | Period of working relationship: | |

Suitability against the selection criteria *(Make either comments or a Rating, or both)*

|  |  |  |
| --- | --- | --- |
| Criterion | Comments | Rating  *(use Rating Scale)* |
| SC1 |  |  |
| SC2 |  |  |
| SC3 |  |  |
| SC4 |  |  |
| SC5 |  |  |
| SC6 |  |  |
| SC7 |  |  |
| SC8 |  |  |

General Comments *(eg, Attendance, general behaviour and attitude to work, quality of work and work skills, strengths, weaknesses, and areas for development.)*

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Is there anything else we need to know about the candidate which is relevant to our selection processes?

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|  |

Have you provided a copy of this reference to the applicant? Yes

No

|  |  |
| --- | --- |
|  | Recorded by (if Oral):  Signature |
| Signature of referee |
| Date: | Date: |

*A copy of this report must be made available to the applicant*

*This form can be completed in hand writing or using Word*