

| Name of applicant: | | | |
|----------------------------|---------------|-------------|-----------------------|
| Applying for the position: | INTERN (PGY1) | RMO1 (PGY2) | SRMO (PGY3+ or RMO2+) |

SENIOR REGISTRAR

In the specialty of:

NB: Postgraduate Fellows are not required to use this form. They are to provide two separate written Referees' Reports.

| Domain | Needs significant extra supervision or have strong concerns | Needs some extra supervision or have some concerns | Performing at level expected for role | Performing above level expected for role |
|---|---|--|--|---|
| Clinical Skills (history, exam, daily tasks) | | | | |
| Enthusiasm (learning, workload, proactiveness) | | | | |
| Education (attendance, participation, teaching, self-directed) | | | | |
| Professionalism (Punctuality, Attitude) | | | | |
| Procedural Skills (technical ability, skill maintenance) | | | | |
| Advocacy and Care (patient interactions, patient centered focus) | | | | |
| Collaboration (staff interactions, team work and leadership) | | | | |
| Ability to perform current role (level employed at) | | | | |
| Ability to perform future role (level applied for) | | | | |

General comments:

| Signed: | Date: | ame of referee: (Please print) | | (NB: Referee report from a consultant is preferred) |
|--|---------|---|---|---|
| Designation: | | | | |
| Hospital/Practice: | | | | |
| Referees phone No: | Fax No: | | Email address: | |
| Please return Referee Report to: Medical Officer Support, Credentialing, Em Building 2, Level 3, Canberra Hospital PO Bc Australia | | Tel: +61 2 5124 2779 Fax: +61 2 5124 3626 E-mail: CHSTCHMosu@act.gov.au | Note: Referee Reports will not be accep applicant and must be sent from the ref Reports are to be completed & returne soon as possible. | eree. |