



Canadian Nurses Foundation
Fondation des infirmières et infirmiers du Canada

BACCALAUREATE LEVEL
APPENDIX “B” - REFEREE APPRAISAL FORM / ASSESSMENT OF APPLICANT

I. APPLICANT'S INFORMATION

FIRST NAME*

MIDDLE NAME

LAST NAME*

II. REFEREE'S INFORMATION

FIRST NAME*

MIDDLE NAME

LAST NAME*

TITLE*

ORGANIZATION*

OFFICE PHONE NUMBER*

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EXTENSION

E-MAIL ADDRESS*

III. QUESTIONNAIRE*

1. How long have you known the applicants? years.

2. In what capacity?

IV. APPLICANTS ASSESSMENT*

Check the boxes below that most closely represent your assessment of the above applicant. Please provide information, both pro and con, about the applicant in the space provided at the end of the form. Your overall assessment of the applicant and his/her performance during the time you have known him/her is very important for the review panel.

By reviewing this competency we consider:		Rarely exhibits	Sometimes exhibits	Often exhibits	Always exhibits	Unable to judge
INDEPENDENCE	Pursuit of knowledge or taking of action on own initiative, seeking guidance only when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOAL DIRECTED	Concentration of, and persistence in, attention and energy towards achieving future goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING	Judicious evaluation of all information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORIGINALITY/ CREATIVITY	Imagination or ingenuity in problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATIONAL SKILLS	Systematic, careful planning and coordination of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	Ability to work with, influence, and impart knowledge to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INVOLVEMENT	Extent of involvement in academic, community or work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	Adherence to an ethical code; being of good character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISION	Competence in discernment or perception; intelligent foresight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY AND DEPENDABILITY	Shows commitment to a course of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. SUMMARY STATEMENT*.

In 200 words maximum please describe the summary statement of applicant's strengths and potential for making a significant contribution to the nursing profession.

VI. RANK*

On a scale from 1 to 10, being 10 the higher level, please rank the applicant compared to other students.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

V. STATEMENT OF UNDERSTANDING. Sign and date the bottom of this form.

I have fill in this form with true information.

I understand that by law, applicants may have access to their own application files. The referee's forms may be disclosed to the applicant if a freedom of information request is made.

Referee's Signature

Date

Please give the **sealed** form (**with your signature across the seal**) directly to the applicant to include with his/her application form.