

CREDENTIALING REFEREE REPORT

(This report is for new and external allied health professionals only; or those seeking to extend their scope of clinical practice)

Referee Details

| | |
|---------------------|--|
| Referee Name: | |
| Referee Position: | |
| Referee Profession: | |

Applicant Details

| | |
|---------------------------|--|
| Applicant Name: | |
| Allied Health Profession: | |
| Position applied for: | |

1. Professional Relationship

| | |
|---|--|
| How long have you known the applicant? | |
| In what professional capacity have you known the applicant? | |
| When was your last professional contact with the applicant? | |
| Please comment on the nature of the practice and patient population encountered in the professional practice of the applicant | |

2. Clinical Skills and Knowledge

| | | | |
|--|---------------------------------------|---|------------------------------|
| History-taking, clinical assessment and presentation of findings | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> N/A |
| Clinical judgement and decision-making skills | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> N/A |
| Clinical record keeping skills | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> N/A |
| Clinical skills | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> N/A |
| Please comment on the applicant's clinical skills and knowledge base related to the position applied for (requested scope of clinical practice). | | | |

Form continued on next page

3. Employability

Are you aware of anything that might adversely affect the applicant's ability to competently and safely practise within their requested scope of clinical practice?

Yes (if yes, please specify)

No

4. Conflict of Interest and other comments

Do you have a personal relationship with the applicant or any conflict of interest in providing this referee report?

Yes (if yes, please specify)

No

Other comments you may wish to make (optional):

5. Signature

Name:

Signature:

Date: / /

Contact Number:

Contact Email: