

Confidential Reference Form

Name of the Applicant:

This **confidential reference** will be used to assist in evaluating the applicant's abilities and readiness to participate in The Moncton Hospital Graduate Dietetic Internship Program commencing this upcoming October.

Your electronic submission of this reference directly to ClinicalNutritionMoncton@HorizonNB.ca serves as a confirmation that you completed this form. If more than one person provides input in this reference, designate one person as the principal referee, and list the names of other people who have provided input in the space provided on the next page.

1. Please evaluate the applicant based on the attributes listed below.

(Please reserve the "Outstanding" ranking for applicants who have performed or contributed to their work/school environment in a way that distinguishes them from other applicants).

Attribute	Outstanding	Above Average (top 20%)	Average (upper 50%)	Below average (lower 50%)	Unable to judge
Team skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic/professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. In the space below, please add any descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a Dietetic intern. Please do not attach any further documentation about the applicant.

2. Complete the following information:

Name of principal referee:

Organization:

Name(s) of other individuals who contributed to the reference (if applicable):

How long have you known the applicant?

Describe the capacity (educator or employer) in which you have known the applicant:

Phone:

Email:

Date: