



Canadian Nurses Foundation

Fondation des infirmières et infirmiers du Canada

**RBC DIVERSITY IN NURSING FUND FOR INTERNATIONAL EDUCATED NURSES
APPENDIX "B" - REFEREE APPRAISAL FORM / ASSESSMENT OF APPLICANT**

IMPORTANT NOTICE: It is mandatory that this form be filled out by a faculty member, teaching assistant, supervisor of the institute, college or university that the applicant is attending, work supervisor or volunteer organization leader (**references from family members or friends will not be accepted and may lead to disqualification**). If not, the application will be considered incomplete. Once completed by the assessor, original assessment forms may be returned to the applicant, in a sealed envelope, to be included with their application OR mailed directly to CNF office.

If you do not know the applicant well enough to complete section IV of this form, please complete the rest of the form and attach a letter of support of 1500 words maximum.

Please complete this form using your computer.

*Mandatory fields

I. APPLICANT'S INFORMATION

FIRST NAME*	MIDDLE NAME	LAST NAME*
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II. REFEREE'S INFORMATION

FIRST NAME*	MIDDLE NAME	LAST NAME*	CREDENTIALS*
TITLE*		ORGANIZATION*	
OFFICE PHONE NUMBER* and EXTENSION (if applicable)		E-MAIL ADDRESS*	

III. QUESTIONNAIRE*

3.1. How long have you known the student/applicant? _____

Relationship to the applicant:

- | | |
|--|---|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Volunteer organization |
| <input type="checkbox"/> Faculty member | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Academic supervisor | |

IV. APPLICANTS ASSESSMENT*

Check the boxes below that most closely represent your assessment of the above applicant. Please provide information, 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 100 words maximum please describe the summary statement of applicant's strengths and potential for making a significant contribution to the nursing profession.

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

I affirm that the information in this form is accurate.

Referee's Signature

Date

If you have any questions, please feel free to contact CNF's Foundation Coordinator at:
Toll Free: 1-800-361-8404
Phone: 613-237-2159 ext 242
E-mail: info@cnf-fiic.ca