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| VICTORIAN PUBLIC HOSPITALS – REFEREE ASSESSMENT FORM – 2025  **NON COMPUTER MATCHED HMO & REGISTRAR POSITIONS** |

**Applicant’s Details**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) Applying For:

(i.e. HMO3/Registrar, and Speciality/Stream e.g. surgical/ED/ICU)

Current Hospital:

Phone:

Email:

### INSTRUCTIONS TO APPLICANT:

### Three (3) Referee Assessments are required. At least two (2) should be from Consultants. Registrars possible for one (1) only.

### Complete the Applicant and Referee details prior to forwarding to your Referee, to ensure that this assessment is successfully matched to your application/s at the Hospitals.

### Tick on the back page, the Health Services to whom you are applying and to whom the assessment is to reach.

### Your Referee will send the completed Referee Form directly to the Hospital/s nominated by you on page 2.

1. DO NOT USE this form for COMPUTER MATCHING POSITIONS.

**Referee’s Details (completed by Applicant)**

Title & Name:

Position Held:

Hospital:

Phone:

Email:

**INSTRUCTIONS TO REFEREE:**

1. **Complete** the details below, rating the applicant according to the criteria by ticking the appropriate box, mindful of the ability expected at the applicant’s particular level of training.
2. **Retain the original** assessment until the end of the year (in the event of miss faxing or additional requests).
3. **Fax**/**E-mail a copy** of the **FRONT PAGE ONLY** to the Health Services nominated by the Applicant on page 3.

In what capacity did this person work with you? *(Eg surgical resident, medical registrar)*

Relationship to Candidate (*E.g. Supervisor*) ………………………………………………

Length of time you have known the candidate (*E.g. Oct – Dec 2016*)………………………………………………………………………………………………………………….

Would you employ the candidate if the opportunity arose? Yes No

(*If No then please indicate in the comments section below.*)

Provide an overall comment regarding the candidate:

This Referee Assessment Form is confidential; however, it will be available to the appropriate Hospital Committees considering the appointment of the candidate. It may also be accessed by the candidate under the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

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| **Please tick (🗸) the appropriate areas.** | | Requires substantial assistance  (5% of population) | Requires further development | Performance just adequate | Consistent with level of appointment | Performance better than expected | Performance exceptional  (5% of population) | N/A  Unable to assess |
| **CLINICAL COMPETENCY** | | | | | | | | |
| **Knowledge base.** Demonstrates adequate knowledge of basic and clinical sciences. |  | |  |  |  |  |  |  |
| **Clinical skills.** Elicits and records accurate, complete history and  clinical examination findings |  | |  |  |  |  |  |  |
| **Clinical judgement / Decision making.** Organises, synthesises and acts appropriately on information; applies sound knowledge. |  | |  |  |  |  |  |  |
| **Self-awareness.** Recognises limits of own skills & knowledge, and actively seeks feedback & assistance to continuously improve. |  | |  |  |  |  |  |  |
| **Procedural skills.** Performs procedures competently |  | |  |  |  |  |  |  |
| **Research and presentation skills.** Standard of research, publications and presentation skills. |  | |  |  |  |  |  |  |
| **Provide an overall comment regarding the clinical competency of the candidate:** |  | | | | | | | |
| **VERBAL & WRITTEN COMMUNICATION SKILLS** | | | | | | | | |
| **Colleagues, patients and /or family.** Interacts effectively, respectfully and sensitively toward colleagues, patients and families / carers. | |  |  |  |  |  |  |  |
| **Verbal and written**. Conveys clear and timely information to colleagues and patients and maintains comprehensive and accurate records. | |  |  |  |  |  |  |  |
| **Provide an overall comment regarding the communication skills of the candidate:** | |  | | | | | | |

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| **Please tick (🗸) the appropriate areas.** | | Requires substantial assistance  (5% of population) | Requires further development | Performance just adequate | Consistent with level of appointment | Performance better than expected | Performance exceptional  (5% of population) | N/A  Unable to assess |
| **PERSONAL AND PROFESSIONAL CONDUCT** | | | | | | | | |
| **Professional responsibility.** Demonstrates ethical behaviours and professional values including integrity, reliability, honesty, compassion, empathy and respect for all patients, society and the profession. |  | |  |  |  |  |  |  |
| **Insight.** Aware of professional and personal boundaries. |  | |  |  |  |  |  |  |
| **Initiative.** Ability to exercise appropriate initiative. |  | |  |  |  |  |  |  |
| **Teaching.** Proactive in teaching other healthcare professionals, patients and/or care providers. |  | |  |  |  |  |  |  |
| **Education and Training.** Proactive in taking advantage of learning opportunities and commitment to professional development. |  | |  |  |  |  |  |  |
| **Time management skills.** Is punctual and organises and prioritises tasks effectively. |  | |  |  |  |  |  |  |
| **Teamwork and colleagues** Maintains positive relationships. Works with and contributes effectively in a team. |  | |  |  |  |  |  |  |
| **Provide an overall comment regarding the conduct of the candidate:** |  | | | | | | | |
| **Overall rating of candidate in relation to their cohort.** |  | |  |  |  |  |  |  |

Signature of Referee: Date:

# INSTRUCTIONS TO REFEREE:

* Fax /mail the **FRONT PAGE only** to the Health Service/s ticked below. **Do NOT fax theses pages to Hospitals!**
* Please **retain a copy of the assessment** until the end of the year, in the event of miss faxing or additional requests.

|  | | HEALTH SERVICE | Incorporating | Address | Fax | Phone/Email |
| --- | --- | --- | --- | --- | --- | --- |
| 🞏 | **ALBURY WODONGA HEALTH**  HMO Manager | Wodonga Hospital | Vermont Street  WODONGA Vic 3692 | 02 6051 7477 | 02 6051 7322 |
| 🞏 | ALFRED HEALTH  Medical Workforce Unit | The Alfred  Sandringham Hospital Caulfield Hospital | Commercial Road  PRAHRAN Vic 3181 | *All completed forms to be emailed* | Please email: [hmoenquiries@alfred.org.au](mailto:hmoenquiries@alfred.org.au) |  |
| 🞏 | | AUSTIN HEALTH  HMO Manager | Austin Hospital | Studley Rd  HEIDELBERG Vic 3084 | 9496 3148 | 9496 6813 |
| 🞏 | | **BAIRNSDALE REGIONAL HEALTH SERVICE**  Manager, Medical Workforce | Bairnsdale Regional Health | 122 Day Street,  Bairnsdale 3875 | *All completed forms to be emailed* | [mwu@brhs.com.au](mailto:mwu@brhs.com.au) |
| 🞏 | | **BALLARAT HEALTH SERVICES**  HMO Manager | Ballarat Base Hospital | PO Box 577  BALLARAT Vic 3353 | 5320 4554 | 5320 6858 |
| 🞏 | | BARWON HEALTH  Manager, Medical Workforce | University Hospital, Geelong | PO Box 281  GEELONG Vic 3220 | 4215 0901 | 4215 0891 |
| 🞏 | | BASS COAST HEALTH  Medical Workforce Coordinator | Wonthaggi Hospital | 235-237 Graham St- Wonthaggi 3995  PO Box 120 – Wonthaggi 3995 | 5671 3300 | 5671 3333 |
| 🞏 | | CENTRAL GIPPSLAND HEALTH  HMO Manager |  | 155 Guthridge Pde  SALE Vic 3850 | 5143 8633 | 5143 8600 / 8110 |
| 🞏 | | EAST GIPPSLAND  Program Manager |  | PO Box 1497, Bairnsdale, Vic 3875 |  | 5150 3448  [Juliet.church@brhs.com.au](mailto:Juliet.church@brhs.com.au) |
| 🞏 | | **EASTERN HEALTH**  Manager, Junior Medical Staff | Angliss Hospital  Box Hill Hospital  Maroondah Hospital | PO Box 94  BOX HILL Vic 3128 | 9895 3461 | 9895 3469  [jmsrecruitment@easternhealth.org.au](mailto:jmsrecruitment@easternhealth.org.au) |
| 🞏 | | ECHUCA REGIONAL HEALTH  HMO Manager | Echuca Hospital | 226, Service Street  ECHUCA Vic 3564 | 5482 5052 | 5485 5041  medicalworkforceunit@erh.org.au |
| 🞏 | | GOULBURN VALLEY HEALTH  HMO Manager | Goulburn Valley Base  Hospital | Graham St  SHEPPARTON Vic 3630 | 5832 2394 | 5832 2739 |
| 🞏 | | LATROBE REGIONAL HOSPITAL  HMO Manager |  | PO Box 424  TRARALGON Vic 3844 | 5173 8444 | 5173 8000 |
| 🞏 | | MERCY HOSPITAL FOR WOMEN  Medical Staff Recruiter  Medical staff Recruiter  HMO Manager |  | 163 Studley Rd  HEIDELBERG Vic 3084 | 8458 4818 | 8458 4819 [MHW\_Admin@mercy.com.au](mailto:MHW_Admin@mercy.com.au) |
| 🞏 | | MILDURA BASE HOSPITAL  HMO Manager |  | PO Box 620  MILDURA Vic 3502 | 5022 3234 | 5022 3478 |
| 🞏 | | NORTHEAST HEALTH WANGARATTA  HMO Manager | Wangaratta Base Hospital | PO Box 386  WANGARATTA Vic 3676 | *All completed forms to be emailed* | 5722 5066  medicalworkforce@nhw.hume.org.au |
| 🞏 | | NORTHERN HEALTH  JMWU Manager | The Northern Hospital | 185 Cooper St  EPPING Vic 3076 | All forms to be submitted via email | [medicalworkforce@nh.org.au](mailto:Mwu.enquiries@nh.org.au) |
| 🞏 | | PENINSULA HEALTH  Manager Medical Workforce | Frankston & Rosebud  Hospitals, Golf Links Rd & Mornington Centre | PO Box 52  FRANKSTON Vic 3199 | 9784 7380 | 9784 7725 |
| 🞏 | | **PETER MACCALLUM CANCER CENTRE** HMO Manager |  | 305 Grattan Street,  Melbourne 3000 | 8559 6088  Email is preferred | 8559 6125  [Lynn.Orelli@petermac.org](mailto:Lynn.Orelli@petermac.org) |
| 🞏 | | ROYAL CHILDREN’S HOSPITAL  HMO Manager |  | Flemington Rd  PARKVILLE Vic 3052 | 9345 5565 | 9345 6365 |
| 🞏 | | ROYAL MELBOURNE HOSPITAL  Manager, Medical Workforce HMO Manager HMO Manager | Royal Melbourne Hospital | Grattan St  PARKVILLE Vic 3052 | *All completed forms to be emailed* | *Please email relevant clinical department or:*  rmh-mwu@mh.org.au |
| 🞏 | | ROYAL VICTORIAN EYE & EAR HOSPITAL  HMO Manager |  | 32 Gisborne St  EAST MELBOURNE Vic 3002 | 9663 7203 | 9929 8575 |
| 🞏 | | SOUTH WEST HEALTHCARE  HMO Manager | Warrnambool Base Hospital | Ryot St  WARRNAMBOOL Vic 3280 | 5563 1627 | 5563 1346  [pmartin@swh.net.au](mailto:pmartin@swh.net.au) |
| 🞏 | | ST VINCENT’S HEALTH  HMO Manager | St Vincent’s, St Georges  & Caritas Hospitals | 41 Victoria Pde  FITZROY Vic 3065 | 9231 3324 | 9231 2960/ 3304 |
| 🞏 | | THE WOMEN’S  Medical Workforce Unit |  | Cnr Grattan St & Flemington Rd, PARKVILLEVic 3052 |  | [medical.recruitment@thewomens.org.au](mailto:medical.recruitment@thewomens.org.au) |
| 🞏 | | WERRIBEE MERCY HOSPITAL  Medical Workforce Unit |  | 300 Princes Highway  WERRIBEE Vic 3030 | TBA | 03 8345 3677  [medicalworkforceunit@mercy.com.au](mailto:medicalworkforceunit@mercy.com.au) |
| 🞏 | | **WESTERN DISTRICT HEALTH SERVICE** HMO Manager | Hamilton Base Hospital | PO Box 283  HAMILTON Vic 3300 | 5551 8219 | 5551 8388 |
| 🞏 | | **WEST GIPPSLAND HEALTHCARE GROUP**  Medical Workforce | Warragul Hospital | 41 Landsborough St  WARRAGUL Vic 3820 | 03 5623 0876 | 5623 0611  hmo@wghg.com.au |
| 🞏 | | WESTERN HEALTH  Recruitment Manager, Medical Workforce | Footscray, Sunshine &  Williamstown Hospitals | 160 Gordon Street  FOOTSCRAY Vic 3011 | *All completed forms to be emailed* | 8345 7392  [westisbest@wh.org.au](mailto:westisbest@wh.org.au) |
| 🞏 | | WIMMERA HEALTH CARE GROUP  HMO Manager | Wimmera Base Hospital | Baillie St  HORSHAM Vic 3400 | 5382 0829 | 5381 9365 |