

Auckland University of Technology Private Bag 92006, Auckland 1142, NZ

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REFEREES REPORT

STUDENT'S NAME:	Reference #:
REFEREE'S (your) NAME:	
REFEREE'S EMAIL ADDRESS:	
form immediately.	student. If you do not know the student, please return this ent's suitability to be a heath care practitioner - please dential and will not be seen by the student.
 In what capacity have you known the student? (eg When did you last have contact with the student? _ How well do you consider you know the student? 	ris, years)
Please score the student's personal qualities from 1 to (1=Outstanding, 2=Above Average, 3=Average, 4=Beld	
Leadership Maturity	Perseverance Sense of Humour
Co-operationResponsibilityProblem Solving Ability	Initiative Reliability Enthusiasm Concern for Others
Are there any other personal qualities you consider the	e student to have?
Have you observed the student working with children? and appropriately?	And if so are you confident they have behaved safely
Would you be happy to have the student provide health	n care for members of your family? Why or why not?
In your opinion do you think the student has the acade	mic ability & perseverance to succeed in tertiary study?

Do you consider the student has an understanding of, and is sensitive to equity issues? (e.g. gender, race)	
Has the student's health ever affected his/her performance at work/school?	
Please make any additional comments you believe are relevant:	
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Overall Recommendation:	
 □ I recommend the student without reservation as an excellent prospect for clinical training. □ I recommend the student as a likely prospect but have some reservations. □ I have some reservations and can be contacted to discuss this. □ I doubt the student's suitability. 	
☐ I think the student is unsuitable.	
Do you agree to be contacted in person by AUT staff about this student?	
□ Yes □ No	
SIGNED: Date:	