TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

TE KURA HAUORA TANGATA
COLLEGE OF HEALTH

NURSING CONFIDENTIAL REFERENCE

Thank you for acting as a referee. Please return the completed form by email to: **health.selection@massey.ac.nz**
This form will remain confidential to members of the selection team.

Applicant Details

First or given names _____ Surname _____

Date of Birth __/__/____ Programme Applied For _____

Referee Details

This report will form part of the evidence used to assess the applicant's suitability for their proposed programme of study. Please be open and honest in your responses. You do not need to answer any question if you feel uncomfortable or unable to do so.

Referee's Name _____ Position _____

Email _____ Phone Number _____

How long have you known the applicant?_____

Qualities Assessment

Please indicate your assessment of the applicant in relation to each of the below qualities on a scale of Poor (1) to Excellent (5).

1 2 3 4 5	Personal Qualities	Comments
○ ○ ○ ○ ○	Honesty	
○ ○ ○ ○ ○	Maturity	
○ ○ ○ ○ ○	Reliability	
○ ○ ○ ○ ○	Tolerance	
○ ○ ○ ○ ○	Accepts Responsibility	

1 2 3 4 5	Interpersonal Qualities	Comments
○ ○ ○ ○ ○	Relationships with Peers	
○ ○ ○ ○ ○	Relationships with People with Authority	
○ ○ ○ ○ ○	Consideration for Others	
○ ○ ○ ○ ○	Understanding of Equity Issues	

1 2 3 4 5	Communication Skills	Comments
○ ○ ○ ○ ○	Listening Skills	
○ ○ ○ ○ ○	Written Communication	
○ ○ ○ ○ ○	Oral Communication	
○ ○ ○ ○ ○	Cross-Cultural Communication	

1 2 3 4 5	Attitudes to Work / Study	Comments
○ ○ ○ ○ ○	Perseverance	
○ ○ ○ ○ ○	Cooperation with Others	
○ ○ ○ ○ ○	Acceptance of Correction	
○ ○ ○ ○ ○	Initiative	
○ ○ ○ ○ ○	Ability to Seek Assistance	
○ ○ ○ ○ ○	Ability to Cope with Stress and Pressure	

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NURSING CONFIDENTIAL REFERENCE CONTINUED

General Questions

Please add comments if you answer 'Yes' to any of the below.

Has the applicant's health ever affected their performance?

Yes ○ No ○

Has the applicant's attendance pattern been unacceptable?

Yes ○ No ○

Has the applicant ever been reported to your tertiary institution's non-academic or academic misconduct register, and if so on what grounds?

Yes ○ No ○

Have there been any issues raised about the student on clinical practice?

Yes ○ No ○

Has the student ever sat the New Zealand Nursing Council registration exam and not been successful?

Yes ○ No ○

Comments

_____

_____

_____

_____

_____

Clinical Hours

Please complete the clinical hours table.

Date	Hours	Course / Paper Code	Type of Placement

Overall Recommendation

Please indicate your overall recommendation:

○ I wholeheartedly recommend this applicant for the programme of study.
○ I recommend this applicant although I have some reservations.
○ I have reservations in recommending this applicant.
○ I believe this applicant is unsuitable for the programme of study applied for.

If you have reservations or are not recommending this applicant, please comment:

Comments

_____

_____

_____

_____

Referee's Signature _____ Date _____