**Confidential Reference Form**

**Nova Scotia Health Dietetic Practicum Program**

**Name of Applicant:** Click or tap here to enter text.

**Instructions to the referee** This student is applying for a position with the Central Zone Nova Scotia Health Dietetic Internship and Practicum Training Program. Your assessment and comments will support this student’s application. Please complete this confidential and mandatory reference form and submit it to CZNFSApplication@nshealth.ca

**Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student’s readiness to function in a dietetic internship program at this time.** *(Please reserve the ranking “Outstanding” for those few students who have distinguished themselves by their unique contribution or exceptional performance.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Above Average | Average | Below Average | Unable to Asses |
| **Team skills** |[ ] [ ] [ ] [ ] [ ]
| **Receptiveness to feedback** |[ ] [ ] [ ] [ ] [ ]
| **Critical thinking**  |[ ] [ ] [ ] [ ] [ ]
| **Decision making**  |[ ] [ ] [ ] [ ] [ ]
| **Application of knowledge** |[ ] [ ] [ ] [ ] [ ]
| **Time management/organization** |[ ] [ ] [ ] [ ] [ ]
| **Initiative and self-direction** |[ ] [ ] [ ] [ ] [ ]
| **Written communication skills** |[ ] [ ] [ ] [ ] [ ]
| **Oral communication skills** |[ ] [ ] [ ] [ ] [ ]
| **Work ethic/professionalism** |[ ] [ ] [ ] [ ] [ ]

Please indicate your recommendation of this applicant for acceptance into the Nova Scotia Health Dietetic Internship program and support your recommendation with comments and/or examples where appropriate on the following page:

[ ] **Highly recommend** [ ]  **Recommend** [ ]  **Recommend with reservations** [ ]  **Do not recommend**

**Additional Information:** **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. Use to add to or elaborate characteristics rated on the previous page. Indicate applicant's strengths and those qualities that may require further development.**

Click or tap here to enter text.

**Finish this form by completing the following information. Your electronic submission of this form serves as confirmation that you completed this form. In the case where more than one person has provided input to the reference, designate one person as the corresponding referee of record, and list the names of others people who have provided input in the space provided. This is a confidential reference only available to the programs to which the student applies.**

**Name of referee of record:** Click or tap here to enter text.

**Name(s) of other individuals who contributed to the reference if applicable:** Click or tap here to enter text.

**Title and Institution:** Click or tap here to enter text.

**How long have you known the Applicant:** Click or tap here to enter text.

**In what capacity have you known the Applicant (i.e. Professor, Research Advisor, Supervisor):** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.