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Confidential Reference Form

Name of Applicant: _____

Program for which you are applying:

- Primary Care Paramedic

Referral Information:

Contact Numbers:

Name: _____
Company: _____
Residence: _____
Position: _____
Town: _____
Prov: _____
Email: _____
Postal Code: _____

Office: _____
Cellular: _____
Fax: _____

In what capacity do you know this applicant?

Have you worked directly with this applicant? **Yes** OR **No**

How long have you known this applicant?

_____ Years _____ Months

For each of the following qualities please place a in the box that appropriately describes this applicant

Attitude/Application to work:

- Outstanding/Enthusiasm
- Interested and industrious
- Average
- Somewhat indifferent
- Definitely not interested
- Not applicable

Relations with others:

- Works well with others
- Congenial and helpful
- Seems to get along well
- Difficult to work with
- Causes friction within group
- Not applicable

Ability to learn:

- Learned work exceptionally well
- Learned work readily
- Average

- Slow in learning
- Very slow in learning
- Not applicable

Acceptance of suggestions and criticisms:

- Acts promptly on suggestions and criticisms
- Graciously accepts suggestions and criticisms
- Accepts suggestions and criticisms satisfactorily
- Reluctantly accepts suggestions and criticisms
- Resents suggestions and criticisms
- Not applicable

Quantity of work produced:

- High output
- Above average output
- Normal output
- Below average output
- Low output
- Not applicable

Judgement:

- Very good
- Good common sense
- Usually good
- Often undependable
- Poor, jumps to conclusions
- Not applicable

Quality of work produced:

- Excellent
- Good
- Average/Acceptable
- Poor
- Unacceptable
- Not applicable

Written communication skills:

- Excellent, well organized thought
- Good
- Average/Acceptable
- Poor
- Unacceptable
- Not applicable

Spoken communication skills:

- Excellent, well organized thought



- Good
- Average/Acceptable
- Poor
- Unacceptable
- Not applicable

Interest and commitment to Prehospital Care:

- Exceptional
- Very High
- Average
- Below average
- Poor
- Not applicable

The following sections are to be completed by the referee. The information in this document will be treated as strictly confidential. The purpose of the reference is to assist the Admissions Committee to determine suitability of this applicant for studies in a Paramedicine program. The information you provide will form part of the assessment process for admissions and may be shared with this applicant.

Please note that it is possible that due to the nature of your involvement with this applicant, you may not be able to complete certain sections of this form.

Please complete as many sections as possible and indicate the non-applicable sections by indicating N/A. When completed, please return this form directly to Random Sound Paramedicine or provide to the applicant in a signed and sealed envelope.

Please indicate your opinion of the applicant in reference to the following traits or characteristics using a Check Mark (✓) :

Characteristics:	Exceptional	Good	Average	Below Average	Poor
Initiative					
Maturity					
Planning and organizing work					
Ability to work under pressure					
Dependability					
Accepts responsibility					
Manages time effectively					
Listening ability					
Attendance/Punctuality					
Dress/Appearance					
Ethical standards					
Commitment					

Recommendation:

- I would highly recommend this applicant
- I would recommend this applicant
- I am doubtful that I would recommend this applicant
- I would not recommend this applicant
- I am unable to judge

Comments:

Signature _____

Date: _____
DD/MM/YYYY