**MASTER OF NURSING (MN)**

**Nurse Practitioner**

CONFIDENTIAL EMPLOYER REFERENCE FORM

**To the Applicant: *Complete this section before sending this form to a referee of your choice.***

*Applicant Waiver: By completing the section below I hereby waive my right to view this reference at a future date under any/all avenues*

Applicant’s Surname:

Given name(s):

Previous name(s) (if applicable):

UVic Student Number: V00

Birth Date:

Phone:

E-mail:

**TO BE COMPLETED BY THE REFEREE:**

The above-named applicant has applied to pursue Master of Nursing studies. Please provide a brief **typed** assessment of the applicant regarding the questions or statements below (**use additional pages for reference if necessary**):

1. How does this applicant reflect on dilemmas providing nursing care to clients? Is s/he self-reflective? Is s/he aware of broader health care system implications linked to everyday practice dilemmas? Please give an example.

2. Please comment on the applicant’s ability to communicate effectively verbally and in writing.

3. Considering the current health care environment, we believe that nurses engage as leaders and change agents. How does this applicant engage with nursing practice issues? Please provide examples.

1. Comment on the applicant’s abilities and potential to be an advanced practice nurse (e.g., Nurse Practitioner).
2. From your experience and knowledge of the applicant, describe any concerns you have about this applicant pursuing graduate education.

6. Please indicate your recommendation regarding this applicant:

□ Highly recommended

□ Recommended

□ Recommended with reservations (please specify reasons below)

□ Not recommended (please specify reasons below)

**Please comment on your recommendation:**

**To be completed by the Referee:**

Name:

Title:

Institution:

Address:

Postal Code:

Phone:

Your position in relation to the applicant:   
Length of time you knew the applicant:

Position the applicant held:   
Place of employment:

Dates of employment,

From:

To:

Date:

|  |
| --- |
| **Please submit this form directly to** [**gradrefs@uvic.ca**](mailto:gradrefs@uvic.ca)**.**  **When emailing the reference please include the student’s name and**  **University of Victoria student number (V00...) in the subject line of the email.** |