**MASTER OF NURSING (MN)**

**Advanced Practice Nursing/MSc in Health Informatics**

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:

The Master of Nursing and Master of Science in Health Informatics (Double Degree) program, offered by the Schools of Nursing and Health Information Science at the University of Victoria, are practice oriented, theory-based degrees intended to prepare nurses with background essential for working in the rapidly expanding field of nursing and health informatics.

**TO BE COMPLETED BY THE REFEREE:**

The above-named applicant has applied to pursue Master’s studies in Nursing and Health Informatics. Please provide a brief **typed** evaluation of the applicant in the following areas (**use additional pages for reference if necessary**):

1. How does this applicant reflect on problems s/he encounters in practice? Is s/he self-critical? Is s/he aware of broader implications of local problems? Please give an example.
2. Please comment on the applicant’s ability to communicate 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 work in the area of health informatics.
2. How does the applicant integrate health or nursing informatics components (such as electronic health records, telehealth, clinical decision support systems, information technology project management, etc.) into their nursing practice? Please provide examples.
3. 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.** |