



### REFEREE STATEMENT

(To be completed by current and/or previous employer)

**\*Please ensure that boxes are filled in completely\***

#### Details of Person completing this form

- *senior colleague or manager who has worked closely with the applicant for over 12 months*

Name of referee:	
Position/Job title:	
Organisation:	
Relationship to applicant:	
Length of time known to applicant:	

#### Details of Applicant

Name of applicant:			
Position/Job title:			
Organisation:			
Employment Dates:	Start date:		End date:

#### Description of the advanced clinical experience obtained

Role description:

Examples of applicant's capabilities in advanced practice nursing including advanced clinical skills and demonstrated clinical leadership:

Additional Comments regarding employment status (if applicable):

- Attached is an official letter confirming employment from my employer
- Attached is a Job Description Form (JDF) from my employer

**Declaration by Referee**

1. I declare that all information provided in this document, the letter of employment and job description is true and correct.
2. I declare I have worked closely with the applicant for over 12 months.
3. I understand I may be contacted to verify this information.

<b>SIGNED:</b>		<b>DATE:</b>	
<b>PRINT NAME:</b>		<b>ORGANISATION:</b>	
<b>POSITION/JOB TITLE:</b>		<b>TELEPHONE:</b>	
<b>ADDRESS:</b>			



EMAIL:

EMAIL:	
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