

REFEREE REPORT ON AN APPLICANT APPLYING FOR REGISTRATION AS AN ORAL HEALTH PRACTITIONER IN NEW ZEALAND

- Please complete all sections of the form.
- If necessary, questions may be retyped and answered on a separate sheet of paper (alternatively this form is available electronically on www.dcnz.org.nz).
- Please post or courier the completed form directly to:

The Dental Council
PO Box 10 448
Wellington 6143
NEW ZEALAND

Applicant to complete:

Name

Address

Phone

Mobile

Fax

Email

Scope of Practice

Additional Scope(s) of Practice

Referee to complete:

Name

Address

Phone

Mobile

Fax

Email

1. Please outline your suitability to act as a referee. Briefly describe your own qualifications and background.

2. In what professional capacity have you known the applicant over the last five years?

3. How long have you known the applicant:

Personally:

By reputation:

Professionally:

4. Please comment on the applicant's training, experience, clinical skills and personal qualities (including specific details of any additional scope(s) as applicable).

Training:

Experience:

Clinical Skills:
Personal Qualities:

5. Please complete the following by placing ticks in the appropriate boxes. Please do not leave any lines blank.

Ability:	Poor	Satisfactory	Good	Excellent
Theoretical knowledge				
Clinical judgment				
<i>Comments:</i>				
Capacity:				
Objective assessment & evaluation skills				
General ability				
Willingness to learn				
Ethical standards & attitudes				
Referral procedures & skills				
Communication skills				
<i>Comments:</i>				

Motivation:	Poor	Satisfactory	Good	Excellent
Industry/productivity				
Work organisation				
Record keeping				
Continuing professional development involvement				

Comments:

Professional relationships:

Patients/Relatives				
Colleagues/Staff				

Comments:

6. Other comments

7. Disclosure of Information

The Dental Council accepts that this report is provided on the understanding that it will remain confidential and will not be disclosed to the applicant without your consent. In the event that the applicant requests the Dental Council for disclosure of the information provided in this report, please indicate whether or not you consent to this.

- I agree that the Dental Council may disclose the information in this report.
- OR
- I do not agree to the Dental Council disclosing the information in this report.

Signature of referee _____

Date _____