

## NATIONAL DENTAL REFERENCE FORM NEW ZEALAND

Dear Referee: Thank you for taking the time to complete this form.

You may wish to save your report for this applicant in your files, as this form can be used for all Te Whatu Ora employers in New Zealand.

### SECTION ONE – Applicant's details

Family name			
Given name(s)			
How long have you been supervised by this referee (specific months required)	from:	<input type="text"/> Month	<input type="text"/> Year
	to:	<input type="text"/> Month	<input type="text"/> Year

### SECTION TWO – Referee's details

Family name			
Given name(s)			
Phone		Fax	
E-Mail			
Position / Title			
Place of work where you worked with the applicant			
The basis on which I am making my assessment of this applicant is:	<input type="checkbox"/> First-hand knowledge/direct observation <input type="checkbox"/> Information from colleagues <input type="checkbox"/> Information from other dental staff <input type="checkbox"/> Other (please specify)		

### SECTION THREE – Declaration – to be completed by the referee

- I declare that I am the person named as the applicant's referee, that I hold the above qualifications, and that the information I have given regarding the applicant is true and correct.
- I agree that the information in this form, including my identity, is evaluative material and is provided subject to an express promise of confidentiality. Pursuant to section 29(1)(b) of the Privacy Act 1993, unless I otherwise consent in writing, the information in this form will be held in confidence and will not be disclosed to the applicant.

Referee's signature		Date	
(Please type your name or add your electronic signature here)			

If you would like to include any additional narrative information, please do so at the end of this form.

## SECTION FOUR – To be completed by the referee

### 1. Dental clinical knowledge and application

How would you describe the applicant's knowledge, skills and ability within a clinical context?

- ☐ Poor. Fails to apply basic scientific knowledge to clinical problems
- ☐ Marginal. Some areas are marginal; however, applicant recognises these and is taking appropriate action to remedy them
- ☐ Satisfactory. Expected fund of knowledge and relates this satisfactorily to clinical care
- ☐ Good. Knowledge and application somewhat above expectation for level of experience
- ☐ Excellent. Knowledge and application well above expectation for level of experience
- ☐ Not observed

Comments:

### 2. Record keeping and organisational skills

How would you describe the applicant's ability to plan, coordinate and complete administrative tasks associated with dental care?

- ☐ Poor. Is not able to independently plan, co-ordinate or complete administrative tasks in a timely manner
- ☐ Marginal. Only completes administrative work when directed. Does not plan or manage time for administrative work well
- ☐ Satisfactory. Expected ability for level of experience
- ☐ Good. Administrative work completed in a timely fashion
- ☐ Excellent. Is proactive about completing administrative work
- ☐ Not observed

Comments:

**3. Language and communication skills**

How would you describe the applicant's interpersonal communication and relationship skills with patients and staff?

- ☐ Poor. Not easy to communicate with and is a poor listener. Difficulties in establishing working relationships with patients and/or staff
- ☐ Marginal. At times does not communicate well. Some trouble with relating to others
- ☐ Satisfactory. Listens and explains well. Develops stable working relationships with patients, peers and staff
- ☐ Good. Well respected and relates well to others
- ☐ Excellent. Excellent rapport building skills with patients, peers and staff. Inspires clinical confidence.
- ☐ Not observed

Comments:

**4. Professional attitudes**

How would you describe the applicant's professional and ethical behaviour towards patients, families and colleagues?

- ☐ Poor. Does not behave in a professional or ethical manner and will not accept there is a problem
- ☐ Marginal. The line between what is/is not professional and ethical is at times blurred when dealing with patients, families and colleagues
- ☐ Satisfactory. Maintains appropriate level of professional and ethical behaviour to all
- ☐ Good. Clearly demonstrates above average level of professional and ethical behaviour to all
- ☐ Excellent. Without questions demonstrates professional and ethical behaviour to all
- ☐ Not observed

Comments:

**5. Fitness to practice**

- a. To the best of your knowledge, does the applicant have any mental or physical condition (including substance abuse) which may affect the applicant's performance as a dental practitioner?

☐ Yes. (If Yes, please provide details below)

☐ No

Details:

- b. To the best of your knowledge, are there any current or past disciplinary actions or legal proceedings against the applicant?

☐ Yes. (If Yes, please provide details below)

☐ No

Details:

- c. Are there any other issues that we or the Dental Council of New Zealand should be aware of?

☐ Yes. (If Yes, please provide details below)

☐ No

Details:

The following questions are required in accordance with the provisions of The Vulnerable Children Act (VCA) 2014

- d. Do you consider the applicant suitable to work with children?

*NB: for the VCA a child is aged between 0 – 16 years.*

☐ Yes. They are suitable to work with children

☐ No

☐ N/A. I have not had the opportunity to observe the applicant with children up to the age of 16 years

If No, why not? (Required):

e. The following questions are to help determine whether the applicant is suitable to work in a position involving children. Please answer the questions to the best of your knowledge.

1. Has the applicant ever been disciplined for misleading or fraudulent conduct relating to a child?

☐ Yes

☐ No

2. Was the applicant ever subject to formal disciplinary action or complaints regarding their disciplinary techniques towards children?

☐ Yes

☐ No

## 6. Strengths and weaknesses

a. How would you describe the applicant's ability to recognise his or her own limitations?

☐ Poor. Lacks insight into their own performances. Fails to take action or advice to improve performance. Denies there is an issue

☐ Marginal. Some areas of blindness, however recognises some poor performances and seeks to address these

☐ Satisfactory. Demonstrates appropriate insight into own performance. Reflects on and addresses these issues when advised

☐ Good. Self-aware of performance. Seeks and acts on advice to improve

☐ Excellent. Very aware of own performance. Constantly seeks and acts on advice to improve

☐ Not observed

Comments:

b. What would you describe as the applicant's main strengths? (Please do not leave blank)

Comments:

c. What would you describe as the applicant's weakness/limitations? (Please do not leave blank)

Comments:

## 7. Additional Comments

I would like to support this applicant in the position of Dental House Officer.

☐

Yes

☐

No

I would be happy to work with this applicant again.

☐

Yes

☐

No

Is there anything further you would like to add? (Continue on a separate sheet if necessary)

Comments: