

OFFICE USE ONLY	
RECEIVED	ENTERED

CURRENT/CONTINUING REGISTRAR REFEREE REPORT

- One report is required from your **current SOT**.
- One report is required from your **Department Director** or **Deputy Director**.
- Please supply each of your above referees with a copy of this form for completion and submission.
- These reports are in addition to the two (2) reports required by QLD Health

CURRENT REGISTRAR DETAILS (to be completed by registrar) <i>please use block letters</i>						
Surname:			Given Names:			
Level of Training (LOT) <i>eg. IT BT1 BT2 BTE AT1 AT2 ATE</i> LOT 2022HEY:						
REFEREE DETAILS (to be completed by referee) <i>please use block letters</i>						
Surname:			First Name:			
Hospital:						
Position: <i>(please tick)</i>		Director		Deputy Director		SOT
Mobile:			Other Phone:			
Email Address:						

Referee reports **MUST** be returned to QARTS **no later than** Monday 4 July, 2022 at 3.00pm.

Method of Receipt by QARTS

Only submit this report **ONCE** via one method only as duplication creates confusion.

Preferred method is via email, in PDF format, to garts@anzca.edu.au

Non preferred methods

Post: QARTS Coordinating Committee
ANZCA QLD Regional Office
Ground Floor, River Tower, West End Corporate Park
20 Pidgeon Close, West End QLD 4101

Fax: +61 7 3844 0249

Registrar Surname:	Registrar Given Names:		
REFEREE DECLARATION			
Introductory Training Registrars			
• I anticipate this registrar will complete the IAAC by 26 weeks from start of training		YES	NO
• I anticipate this registrar will complete the IAAC by 52 weeks from start of training		YES	NO
Basic and Advanced Training Registrars			
• This registrar is progressing satisfactorily		YES	NO
I would recommend this registrar continue as a QARTS registrar.		YES	NO
I would have this registrar work in my department again.		YES	NO
Please provide specific details and strategies in place if you have ticked NO to any of the previous questions:			

REFEREE DECLARATION	
I declare that the information I have provided in this referee report is a true and accurate representation of my assessment of the applicant.	
I understand that the applicant may request to view this referee report at any time.	
Signature:	Date: / /

Thank you for taking the time to consider this applicant and provide this report.

Please submit this report as per instructions on page 1, thank you.