



OFFICE USE ONLY	
RECEIVED	ENTERED

## NEW APPLICANT REFEREE REPORT

- Please ensure you have discussed this referee report with your proposed referee and if your referee is unable to complete multiple elements, use a different referee.
- Please supply each of your **two (2) referees for QARTS** with a copy of this form for completion and submission. These are in addition to the two (2) reports required by QLD Health.
- At least one referee must be a current or immediate previous supervisor.

<b>NEW APPLICANT DETAILS</b> (to be completed by applicant) <i>Please use <b>block letters</b></i>				
Applicant Surname:				
Applicant Given Names:				
<b>REFEREE DETAILS</b> (to be completed by referee) <i>Please use <b>block letters</b></i>				
Surname:		First Name:		
Job Title/Role:		Hospital:		
Have you worked with the applicant in the last two years?			Yes	No
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](mailto: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

<b>Applicant Surname:</b>	<b>Applicant Given Names:</b>			
<b>REFEREE REPORT</b>				
<p>The ANZCA Roles in Practice are:</p> <ul style="list-style-type: none"> <li>• Medical expert</li> <li>• Communicator</li> <li>• Collaborator</li> <li>• Manager and leader</li> <li>• Health advocate</li> <li>• Scholar</li> <li>• Professional</li> </ul>				
Do you believe this applicant displays aptitude in all of these areas and is suitable to be an ANZCA trainee?	YES		NO	
Please comment to justify this position...				
Would you employ this applicant as a registrar in your department?	YES		NO	
Please add any comments about this applicant that you think are relevant for consideration for anaesthetic training.				

<b>REFEREE DECLARATION</b>	
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.**