



Applicant Referee Proforma

The following has been provided as a guide for the information ANZPAC is seeking to establish the competence and professional standing of the applicant podiatrist. The referee should provide as much detail as possible.

| | | |
|--|--|-------|
| Applicants name | | |
| Referees name | | |
| Address : | | |
| Email Address: | | |
| Contact phone Numbers | (BH) | (AH) |
| Referee Position | | |
| Referee place of employment | | |
| Your Relationship to Podiatrist | | |
| Length of time working with the applicant Podiatrist | | |
| Communication | Please describe the standards of verbal and written communication of the candidate podiatrist. | |
| Professional Relationships | Please describe the standards of professional relationships the candidate podiatrists has both with colleagues and patients. | |

| | |
|-------------------------------|--|
| Standards of care | Please describe the standards of podiatric care provided by the candidate podiatrist. |
| Competency | Please provide a description around your experience of the candidate podiatrists competency in practice. |
| Additional comments | Please provide any additional comments |
| Signature of Referee and Date | |