

Irish College of Ophthalmologists

#### NTP Basic Training Programme in Ophthalmology 2023

CONFIDENTIAL

##### *Referees Assessment Form*

**Name of Candidate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Specialty Grade From: To:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ / \_ \_ / \_ \_ \_ \_ / \_ \_ / \_ \_

**Referee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Specialty Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment:**

*(It is expected that most candidates will score “3”. Only exceptional candidates should score 4 or 5)*

Poor 1

Inadequate 2

Satisfactory 3

Above Average 4

Excellent 5

Please complete the following sections based on the above marking system:

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal**  | **Score *(1-5)*** | **Professional**  | **Score *(1-5)*** |
| Time Management, Punctuality & Reliability |  | Professionalism  |  |
| Management of Stress & Workload |  | Diligence in Record Taking |  |
| Communication Skills |  | Diagnostic Skills & Clinical Judgement  |  |
| Commitment & Motivation |  | Relationship with other Medical Colleagues, Nursing Staff and Allied Health Staff  |  |
| Teamwork |  | Relationship with Patients & Relatives |  |

1. Did this doctor perform well in his / her post with you?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think he / she is suitable for a career in ophthalmology?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has he / she any outstanding characteristics?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Hospital Stamp

*Applicants must submit* ***two*** *Referee Assessment Forms on application, one of which should be your current employer or your most recent employer.*

***This document must be uploaded as part of your online application form by***

***4pm Thursday 2nd February 2023.***