**APPLICANT SUPPORT FORM**

**Confidential – Do not return to the Applicant**

### A – TO BE COMPLETED BY THE APPLICANT

<table>
<thead>
<tr>
<th>Name (last name, first name)</th>
<th>CaRMS file no.</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
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### B – TO BE COMPLETED BY THE REFEREE

I have known this Applicant for _______ years and/or _______ months.
At the time, the Applicant was ______________________________________ (please specify, e.g. ‘a student’)
My relationship to the Applicant: ________________________________

Please evaluate the Applicant by checking the appropriate box. Applicant should be evaluated in comparison to other students of similar level, experience and training that you have known over the course of your career.

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
</tr>
</thead>
</table>

1. Communication skills: expresses thoughts clearly; speaks concisely and coherently
2. Interpersonal skills: respects others; is a good team player; is patient and open-minded
3. Maturity level: shows good judgement; reasons logically; has integrity; is responsible and disciplined; is involved with the community; is independent; is capable of self-criticism; is able to make difficult decisions
4. Motivation: is persevering and determined; does more than the minimum required; is able to impose his/her own ideas while respecting those of others
5. Curiosity: checks knowledge at the source; has continuous improvement approach to learning; shows interest in research; has good observation skills
6. Clinical skills: is easily accepted by patients; is able to define problems clearly; shows good clinical judgement; makes efficient use of diagnostic services; is able to justify his/her therapeutic interventions

Additional comments:

__________________________
__________________________
__________________________

**RECOMMENDATIONS:**

a) I recommend this Applicant  ○ without reserve  ○ with reserve  ○ I would not recommend this Applicant

b) Please place an X on the line below to indicate your overall evaluation of this Applicant:

______________ Exceptionally weak | ________________________________ | Exceptionally strong

Date: ____________________________ Name: ____________________________
Signature: ________________________ Hospital: ________________________
