Irish College of Ophthalmologists

#### Basic Training Program in Ophthalmology 2019

CONFIDENTIAL

##### *Referees Assessment Form*

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

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

Hospital Specialty Grade From: To:

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

**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)*** |
| Integrity  |  | Professionalism  |  |
| Intelligence  |  | Skill in Diagnosis  |  |
| Initiative  |  | Attitude to Patients  |  |
| Common Sense  |  | Attitude to Nursing Staff |  |
| Appearance |  | Diligence in Record Taking |  |
| Communication Ability |  | Emergency Management  |  |
| Attendance & Performance at Conferences |  | Punctuality  |  |

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

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

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

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

Has he / she any outstanding characteristics?

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

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

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

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

Hospital Stamp

*Please return completed form by* ***Monday, 7th January 2019*** *to*

*Training Programme Administrator, Irish College of Ophthalmologists*

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