

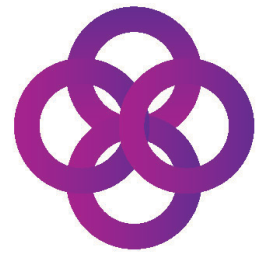
FOUNDATION FOR
REGISTERED NURSES
OF MANITOBA INC.

Request for Reference

The following person has applied for financial assistance from the Foundation of Registered Nurses of Manitoba. Please complete the evaluation form on page two. Your comments will remain confidential.

**Sincerely, Chair
Awards Committee**

23 - 845 Dakota St, Suite 321, Winnipeg MB R2M 5M3
Email: awards@frnm.ca



FOUNDATION FOR
REGISTERED NURSES
OF MANITOBA INC.

CONFIDENTIAL

Reference Appraisal Form

Name of Applicant

How long have you know the applicant

In what capacity? Employee Student Other

INSTRUCTIONS

Please note that the appraisals are an important component of the selection process.

Based on the knowledge of the candidate Rate each of the items by selecting the appropriate response from the pull-down list. Comparing the applicant with persons you have known in your professional career who have similar experience and or education as the applicant.

Intellectual Ability (creativity, critical thinking)

Leadership Ability (ability to work with others)

Commitment to Nursing

Communication (ability to express self verbally and in writing)

Involvement with professional groups

Potential for achievements in nursing (caring, nurturing, ability)

Based on your knowledge of the applicant , describe any outstanding or limiting characteristics which you consider of special significance such as quality of performance, community service.

Your name:

Signature:

Date

Address:

City

Postal Code:

Email: