



THE
TOOWOOMBA
CLINIC

Credentialing and Scope of Clinical Practice Referee Report

Name of Applicant	
Name or Referee	
Position held by Referee	
<i>In what capacity do you know the applicant?</i>	
<i>Can you please comment on the applicant's skills/expertise and competence in relation to their specialty?</i>	
<i>Can you please comment on the applicant's interpersonal skills and</i>	

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<p>ability to work in a multidisciplinary team?</p>	
<p>Can you please comment on the confidence you would hold in that applicant to work with visiting rights to The Toowoomba Clinic?</p>	
<p>Are you aware of any reason why we should refuse visiting rights?</p>	<p>Yes or No If yes, please provide details:</p>
<p>Signature of Referee</p>	
<p>Date</p>	

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