



## Credentiaing and Scope of Clinical Practice Referee Report

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

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