

Confidential Recommendation Form

Applicant:

Complete the following information and furnish this form along with a self-addressed stamped envelope to the individual who has agreed to provide us with a reference in support of your application. The evaluator will be asked to mail or return the completed form back to you. Please submit the evaluation (still sealed in the envelope in which it was returned to you) along with the rest of your application materials once complete.

First Name

Middle Name

Last Name

Applicant must not write below this line

Evaluator:

The above named individual is applying for admission to HeartSafe EMS Paramedic Training Ltd.'s Primary Care Paramedic program. This program is a rigorous and comprehensive course of full-time study. The academic demands will be considerable and motivation for a health care career is important for success. The student should have unquestioned integrity and be emotionally mature and capable of dealing with patients and the demands of an emergency care provider. Your candid evaluation of the applicant will be of significant value to our committee in its effort to identify and select appropriate students for the program.

We endeavor to maintain the confidentiality of recommendations for this program.

After completing the evaluation, please seal it in the self-addressed stamped envelope the applicant has provided for you, sign your name across the seal and return it to the applicant. The applicant will submit your letter to us with his/her application.

Your time and cooperation are very much appreciated.

If you have any questions, please call our office at 1-250-385-3223 or email us at info@firstaidforbc.com

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Evaluator Information:

Please print legibly

Name _____

Organization _____

Title _____ Phone number _____

Association with student _____ Length of time _____

Recommendation based on:

Daily contact and observation Frequent observation Infrequent observation

Directions:

1. For each area to be assessed, carefully read each statement and place an X in the box that most closely expresses your opinion of each criterion.
2. Comments are requested at the end of the application to help clarify any specific recommendation that is either above or below acceptable. If needed, an additional sheet with comments can be attached or a letter of reference written addressing the items described below.

3 = Exceptional

2 = Acceptable

1 = Unacceptable

U = Unable to judge

Communication:

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Communicates <u>written</u> ideas in an effective, organized and grammatically correct manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates <u>verbal</u> ideas in an effective, organized and grammatically correct manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication is organized and direct. Listens actively and clarifies misunderstandings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Organizational/Work Habits: **3 2 1 U**

Recognizes and establishes priorities to meet deadlines. Uses time efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interest & Motivation: **3 2 1 U**

Self-Motivated, demonstrates intellectual curiosity, volunteer assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Accountability: **3 2 1 U**

Recognizes and admits to errors, completes assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Arrives when expected and begins assigned tasks promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Follows instruction carefully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Demonstrates perseverance by voluntarily repeating work if indicated and applying themselves to problems until resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Rarely has unplanned, unexplainable absences or tardiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Adjustment to Stressful Situations: **3 2 1 U**

Is able to adjust to working in changing or adverse situations, able to multi-task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Accepts constructive criticism, is able to ask for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Decision Making: **3 2 1 U**

Recognizes problems, formulates plan of action, and follows through to solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interpersonal Skills: **3 2 1 U**

Good team player.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Gives validity to the opinions and rights of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overall Impression:

(Please check the statement that most closely expresses your opinion of the applicant)

- Unacceptable candidate.
- Marginal; may have difficulty with program.
- Acceptable; should be able to complete program satisfactorily.
- Shows great potential; recommend enthusiastically.

Would you recommend this applicant as a paramedic? Yes No (if no, please comment below)

To your knowledge, has the applicant ever had any emotional or alcohol/substance abuse problems which might interfere with his or her ability to fulfill the duties of a paramedic? Yes No

Evaluator's Signature

Date

Comments: _____
