

Patient Partner Reference Check

Applicant Name: _____

Date Completed: _____

We would appreciate your assistance in providing us with a written reference for the above noted individual. They have applied to become a Patient Partner at Niagara Health to participate on a variety of important organizational priorities and decision-making activities.

Referee Information:

Name: _____
First name Last Name

Telephone #: _____ Email: _____

Relationship to Applicant: _____

Competency	Rating (1-5)	Comments
Organizational Skills (Time management, planning, order)		
Teamwork (Relationships, developing trust, sharing the work, flexibility, understanding)		
Accountability (Applicant's ability to follow through)		
Commitment (Applicant's overall approach to work, level of commitment)		

1 - Very limited proof of skills/behaviours **2** - Limited evidence of skills/behaviours
3 - Acceptable proof of skills/behaviours **4** - Good evidence of skills/behaviours
5 - Superior proof of skills/behavior

Additional Information	Comments
1. What would you say are the applicant's best qualities, characteristics and/or strengths?	
2. In what areas do you think the applicant could benefit from growth and learning?	
3. Do you have any additional comments about the applicant's character?	

Signature: _____ Date (mm/dd/yyyy): _____

Please return the completed application form to either of the following:
patientpartners.NHEN@niagarahealth.on.ca
 Or by mail to:
Patient Partnerships & Relations
Niagara Health
1200 Fourth Avenue
St. Catharines, ON, L2S 0A9