Ministry of Health
Department of Nursing
Regulation and Registration
P.O. Box 848
Abu Dhabi, United Arab Emirates

Applicant's No._____

Reference Inquiry

Applicant is to complete this section and send or give reference inquiry to a professional supervisor who has direct knowledge of applicant's professional ability. Fill in your *Applicant's number* before you send this form.

Applicant's Name:_____
First Middle Last

Employed from:____/____/____ To:____/____/____Job Title:_____

Clinical Assignment:_____

Applicant not to write below this line

Dear Colleague,

The above person has applied to practice Nursing/Midwifery in the United Arab Emirates, and has indicated present or past employment with your institution. Please complete this reference inquiry and be assured that this information will be held in confidence. *Do not give this reference inquiry to the applicant. Return directly to the Ministry of Health at the address indicated at the top of this form.* Thank you for your valuable assistance in this important professional matter.

- Name of Institution:_____
- Address of Institution:_____
  _____

- Date of Employment: From:_____/_____/_____ To:_____/_____/_____
  ❑ Full time ❑ Part time Number of hours worked / week:_____

- This nurse has / had the responsibilities of a:
  ❑ Registered Nurse/1st Level Nurse /Staff Nurse ❑ Registered Midwife/1st Level Midwife
  ❑ Practical Nurse/2nd Level Nurse /Enrolled Nurse ❑ Practical Midwife/Assistant Midwife
  ❑ Other (please specify)_____

- JobTitle:_____
- Clinical Assignment:_____
  (Example: Medical / Surgical , Pediatrics, Out Patient Clinic, School Health Clinic, Dental , etc.)

Please place a tick in the box which reflects your professional judgment of the applicant *for each item*:

Item	Applicant meets Institution standards	Applicant does not meet institution standards	Not observed
•Demonstrates the ability to implement nursing Interventions / midwifery care effectively and efficiently			
•Records / reports appropriately and accurately the delivery of care / service to clients			
•Complies with policies / procedures / guidelines of institution			
•Demonstrates caring and sensitivity in professional relationships with clients, families and co-workers			
•Demonstrates honesty and integrity			
•Communicates and cooperates with co-workers in delivery of care / service to clients			
•Manages assigned duties effectively and on time			
•Communicates effectively with clients / families to provide information and /or teaching			
•Demonstrates ability to deal with conflict appropriately and effectively			
•Exercises sound judgment in assuming and / or performing delegated tasks or functions			
•Demonstrates reliability			
•Demonstrates commitment to maintaining and improving professional knowledge and skills			

Comments:_____
_____

Official Seal (If additional space for comments is needed; attach documentation to this form.)

Completed by: _____Signature:_____
Position/Title:_____ Date completed:_____
Signature of Chief Nursing/ Midwifery
Medical Officer of Institution:_____
Position/ Title:_____Date signed:_____