THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission
Government Administration Building Box 132
133 Elgin Avenue, Grand Cayman KY1-9000, CAYMAN ISLANDS
Telephone: (345) 949 -2813 / 946 -2084
Website: www.dhrs.gov.ky **Email:** hpbusers@gov.ky

Professional Reference

Applicant Name: _____ **DOB:** _____

I, the above applicant, by virtue of providing this form do hereby give authorisation to the referee to disclose the information requested in this form to the Department of Health Regulatory Services for the purposes of my application.

[PLEASE PRINT CLEARLY or TYPE]

State your profession and/or appointment title(s). The Referee (i.e. the author of the professional reference) must be a colleague (of equal or higher qualification/ position) preferably a supervisor within the same profession. The Notary public who certifies any document for the applicant and the Physician completing the Medical Report are NOT acceptable as a referee.

How are you related to the applicant? Describe the capacity by which you have known the applicant.

How long have you known the applicant? ___years	**Are you proficient in the English language?** ☐No ☐ Yes
Indicate where you noted the applicant's skills	**Indicate when you noted the applicant's skills**

Describe the quality and proficiency of the applicant's professional skills in the following areas:	
Clinical competence	
Problem-solving	
Mental acuity	
Bedside manners	
Coping skills	
Knowledge seeking	
Communication	
Interpersonal skills	
Organisational skills	
Attitude & /or Character	
Ethics	
Understands their limitations	
Any other comments	

I, the undersigned, am a person of good standing in my community. I do hereby affirm that I have completed the above reference and I am not aware of anything that might adversely affect the applicant's ability to safely and competently practice in their field. **Signature**	***Please provide your contact details in full (by print or stamp) and attach your business card or a copy of your professional picture ID card here.*** **Address**
Date *Must be dated within 6 months of submitting the application*	**Phone** **Fax**
Print name	**Email**