

Saskatchewan Nurses Foundation Box 27082 420 Albert St Regina, SK S4R 2N8 Phone (306) 949-2936

Saskatchewan Nurse Foundation General Reference

This form may be completed online. An original signature is required, therefore the completed form must be printed off, dated and signed in ink. Please put the completed reference in an envelope, seal it, sign across the seal, and return it to the applicant to be included with the application form. If you wish, you may send the completed form directly to the Saskatchewan Nurses Foundation, Box 27082 420 Albert Street, Regina, SK S4R 2N8. The reference must be received or postmarked by September 30 of the year of application Applications for which references are not received by September 30 will not be considered. Please comment on the listed professional qualities. Additional comments are helpful.

Applicant's nam	e	
Your name		
Organization		How long have you known this applicant?
In what capacity	do you know this applicant?	
Applicant's Role	within the organization	
1. Executive Me	mber	
○ Yes	○ No	
Please commer in this role	nt on the role played by the applica	ant as an executive member and their contributions to the organization
2. Committee M	lember	
○ Yes	○ No	
Please commen in this role	t on the role played by the applica	ant as a committee member and their contributions to the organization

3. Other	
O Yes	○ No
Please cou	ment on other roles played by the applicant in the organization and their contributions to the organization in
4. Please	omment on the applicant's nursing abilities if this a part of their role within the organization
5. Please	omment on the applicant's teaching abilities if this a part of their role within the organization
6 Diago	amment on the applicant's professional pursing characteristics (demonstrated chilities
6. Please	omment on the applicant's professional nursing characteristics/demonstrated abilities
7. Please	omment on the applicant's interpersonal nursing characteristics/demonstrated abilities

8. Please indicate any special assets or limitat	ions that this candidate possesses.
and return it to the applicant to be included with	I date it in ink. Enclose it in an envelope, seal it, sign across the sealed flap, in the application form. If you wish you may send it directly to the ceived prior to September 30 in order for the application to be considered.
Date	Signature