

Health & Fitness Curriculum Area

Reference for Bachelor of Nursing Programme

Application Document

Full Name:

Address:

The above details are to be completed by the applicant.

Please see notes over page before completing this form.

Please fill the circle on the scale to indicate your assessment of the applicant in relation to each of the qualities.

PERSONAL QUALITIES:

Honest		Dishonest
Mature		Immature
Reliable		Unreliable
Well groomed		Untidy
Tolerant		Intolerant
Accepts responsibility		Avoids responsibility

Comments:

INTERPERSONAL RELATIONSHIPS:

<i>Relationships with peers</i>	Friendly, supportive	Domineering or withdrawn
<i>Relationships with people with authority</i>	Open, constructive	Tense, defensive
<i>Consideration for others</i>	Accepting, considerate	Self centred, judgemental
<i>Communication skills with others</i>	Effective, clear	Vague, inconsistent

Comments:

ATTITUDES TO WORK/STUDY:

<i>Perseverance</i>	Appropriately persistent	Easily distracted
<i>Cooperation with others</i>	Participative	Isolated
<i>Application to work/study</i>	Excellent	Poor
<i>Acceptance of correction</i>	Accepting questions appropriately	Resistant, defensive
<i>Initiative</i>	Motivated, appropriately independent	Awaits direction
<i>Information seeking</i>	Enquiring	Uninterested

Comments:

Is attendance pattern acceptable? YES NO If NO, Comments:

Are you aware of any learning disabilities the applicant may have for e.g. Dyslexia, challenges with numeracy etc.?

Do you consider the applicant able to undertake a full time 3 year programme of intensive study and a significant clinical component?
YES/NO

Comments:

Signature

Date

Name

Company

Address

Position

Relationship to applicant (e.g. employer, teacher etc.)

For School Principals: *(Please Tick)*

Recommended

Recommended with reservation

Not recommended

Signed:

NOTES:

- 1 The statement which schools provide for school leavers is an acceptable alternative to this report.
- 2 The information and opinion provided in this report constitute "personal information" in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM IN PERSON TO:

Enrolments Team, NMIT, 322 Hardy Street, Nelson

OR POST TO:

Enrolments Team, NMIT, Private Bag 19, Nelson 7042

OR BY EMAIL TO:

enrolments@nmit.ac.nz