# Postdoctoral Training Program in Clinical Chemistry - Application Form Part IVa

# Part IV: Confidential Assessment by Referee Section A (to be completed by Applicant) **Candidate's Name and Address** Prime reasons for undertaking this Program: Please send reference letters and the completed form on the next page to:

Postdoctoral Training Program in Clinical Chemistry c/o Department of Laboratory Medicine and Pathobiology University of Toronto Medical Science Building, Room 6231 1 King's College Circle Toronto, ON M5S 1A8

MUST BE SENT VIA EMAIL TO: pathology.residency@utoronto.ca

Hard copies will not be accepted.

## Postdoctoral Training Program in Clinical Chemistry – Application Form Part IVb

### Part IV (cont'd): Confidential Assessment by Referee

# Section B Completed by Referee How long and in what capacity have you known the candidate? Please give your assessment of the academic or capability rank of the candidate relative to others you have observed in the same situation: Upper 10% Upper 20% Upper 30% None of these Please describe the applicant, under those headings you feel you can evaluate, by a check in the box that represents your judgement of his/her skills. No basis Above **Below Headings** Outstanding **Excellent** Average for sound **Average Average** judgment **Background Preparation Intellectual Ability Analytical & Technical Skills** Industry/Perseverance Motivation/Initiative **Organizational Ability** Research Ability/Originaltiy **Teaching Ability/Positivity** Judgment/Maturity/Critical Sense Verbal Communication/Writing Skills Personality and Interpersonal Skills Character Please write a letter of reference for the candidate, amplifying or qualifying any aspect of your assessment that you feel would be helpful to those evaluating the candidate. Position, Date: Department: Signature of Address: Referee:

Note: This form and your letter are to be <u>forwarded directly</u> to the Program Director of the Clinical Chemistry training program (see page 4a).

Print Name: