

EMPLOYMENT REFERENCE

INSTRUCTIONS TO THE APPLICANT:

Please complete section A only and forward the form to your employer(s) for a reference.

SECTION A

Name: _____
Surname/Family Name First or Given Name Middle Name Other Surnames: your surname at birth, your maiden name or other former names

Address: _____

Date of Birth: _____ Registration number: _____

Name of the Facility or Organization where employed: _____

Address of Employer: _____

Name of Supervisor: _____

Title of Supervisor: _____

I give my consent to you to provide the information requested in Section B of this form directly to the College of Registered Psychiatric Nurses of Manitoba.

_____ DD-MM-YYYY Date _____ Applicant's signature

INSTRUCTIONS TO THE EMPLOYER:

Please provide the following information concerning the Practice/Employment for the above named psychiatric nurse, and return this form **directly** to the College of Registered Psychiatric Nurses of Manitoba. (**Note: This is not to be sent by the applicant**)

SECTION B

Job title or position held by this applicant: _____

Job Status: Full-time Part-time Casual

Name of the area or unit of practice in which this applicant worked: _____

Date when this applicant started employment: (DD-MM-YYYY) _____

Date when this applicant ended employment: (DD-MM-YYYY) _____

Total practice hours worked in the last 5 years: _____ Would you rehire this applicant? Yes No

Name (please print your complete name)

Title (please indicate your official title)

Phone number (include country code if outside Canada)

Email Address

(DD-MM-YYYY) Date

Signature