

Employer Reference

Instructions to the applicant:

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

SECTION A

Name: _____
Last Name First Name Middle Name Other Surnames: your last name 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 (CRPNM).

mm/dd/yyyy

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: mm/dd/yyyy _____

Date when this applicant ended employment: mm/dd/yyyy _____

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

Name

Title

Phone number

Email

Date

Signature