

**THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS  
OVERSEAS TRAINED DERMATOLOGIST REFEREES' REPORT**

1. NAME OF DERMATOLOGIST REQUIRING REFERENCE:

\_\_\_\_\_

2. REFEREE'S CONTACT DETAILS

Full name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number (including country and area codes): \_\_\_\_\_

Facsimile number (including country and area codes): \_\_\_\_\_

Postal address: \_\_\_\_\_

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**Please describe the dermatologist you are providing a reference for:**

3. AS A PERSON – honesty, motivation, presentation, personality,  
communication skills, ability to accept criticism

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4. AS A STAFF MEMBER - punctuality, reliability, record-keeping

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5. AS A DERMATOLOGIST - consulting skills, diagnostic ability, clinical  
judgement, patient management

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6. AS A TEAM MEMBER - interaction with nursing staff, medical staff, other colleagues and patients

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7. AS A TEACHER - presentation at meetings and tutorials, etc.

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8. AS A RESEARCHER - research projects, papers

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SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please fax completed form to:  
The Australasian College of Dermatologists  
Fax: +61 2 9736 2194**