

English language referee report

For applicants who do not meet the Board's *English Language Standard*

Name of the practitioner:	
Practitioner's date of birth:	

Name of the primary supervisor ¹ :	
Primary supervisor's practice address details:	
Primary supervisor's contact telephone details:	

Name of the secondary supervisor ² :	
Secondary supervisor's practice address details:	
Secondary supervisor's contact telephone details:	

By completing this report, the referee is making a declaration to the Australian Health Practitioner Regulation Agency (AHPRA), under the Health Practitioner Regulation National Law, about the English language skills of the practitioner that are relevant for them to competently practice the profession.

The report can only be completed by a referee who has direct knowledge of the practitioner's professional practice.

The completed form must be returned by both supervisors to:

Director of Registration
AHPRA
GPO Box 9958
Darwin NT 0801

¹ A primary supervisor is a person who directly manages the practitioner's day-to-day work.

² A secondary supervisor is someone who regularly oversees the practitioner's work and/or acts as the primary supervisor when the primary supervisor is absent.

Primary supervisor report

Details of the supervision

Have you supervised the practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date you commenced supervision of the practitioner:		
Date you completed supervision of the practitioner:		
Please describe the nature of your professional relationship with the practitioner (<i>e.g. line manager or supervisor, peer within organisation, peer outside organisation, responsibility for performance management and development</i>):		
Please indicate if you have any kind of personal relationship with this person which may be considered to constitute a conflict of interest (<i>e.g. family or friendship connection</i>):		
Please describe the supervision activities you undertook with the practitioner (<i>e.g. direct observation of clinical care, case review, review of case notes or records, distance or remote supervision</i>):		
Please describe the frequency of supervision undertaken:		
Practitioner's position and organisation during the period of supervision:		
Supervisor's position and organisation during the period of supervision:		

Assessment of English language skills in practice tasks

Please indicate your assessment of the practitioner's English language skills for each of the core practice communication tasks listed below.

Your assessment must be based on your observation or knowledge of the practitioner during the period of professional observation or contact detailed in this report.

You should rate each item according to your assessment of whether the practitioner's English language skills (speaking, listening, reading and writing) enable him/her to effectively undertake each task:

No	Indicates the practitioner's English language skills were <i>not</i> sufficient for consistent, safe and competent performance in the task.
Yes	Indicates the practitioner's English language skills were sufficient to enable consistent, safe and competent performance in the task.
Insufficient observation	Indicates that you have not had sufficient observation of the practitioner in the practice setting to rate his/her performance in the task.

If communication in English is appropriate, direct communication with clients and carers	English language skills sufficient for consistent, safe and competent performance in this task		
	Yes	No	Insufficient observation
Establishes a therapeutic relationship and communicates respectfully with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides information and explanation about care or services clearly, concisely and in language that is easily understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and responds effectively to questions or concerns raised by the client or carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses and obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds effectively to distress experienced by a client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses additional resources as necessary to enhance and reinforce clients' understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language appropriate to the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates at a standard which meets the requirements of workplace protocols, procedures and legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In English language, communication about client care matters with other health professionals	English language skills sufficient for consistent, safe and competent performance in this task		
	Yes	No	Insufficient observation
Reads and interprets written communication about clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes written entries in clients' health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares correspondence about clients (e.g. discharge letters, reports to external agencies, referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses clients' care with other health workers (in person, by telephone or electronic media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains reasoning and recommendations clearly; verbally and in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively with other health workers in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary supervisor declaration

I understand that the information provided to the Board in this report will be relied upon by the Board in deciding whether to register the applicant, whether subject to conditions that are considered to be necessary or desirable in the circumstances. I further understand that, if this information is false or misleading in a material particular, the Board may take action up to and including suspending the applicant's registration.

If I am a registered health practitioner, I acknowledge that providing information in this report that is false or misleading may constitute behaviour for which conduct or performance action may be taken by the health practitioner registration board that has registered me.

Primary supervisor's signature (either an electronic signature or a hand-written signature is acceptable) and date:

Secondary supervisor report

Details of the supervision

Have you supervised the practitioner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date you commenced supervision of the practitioner:		
Date you completed supervision of the practitioner:		
Please describe the nature of your professional relationship with the practitioner (<i>e.g. line manager or supervisor, peer within organisation, peer outside organisation, responsibility for performance management and development</i>):		
Please indicate if you have any kind of personal relationship with this person which may be considered to constitute a conflict of interest (<i>e.g. family or friendship connection</i>):		
Please describe the supervision activities you undertook with the practitioner (<i>e.g. direct observation of clinical care, case review, review of case notes or records, distance or remote supervision</i>):		
Please describe the frequency of supervision undertaken:		
Practitioner's position and organisation during the period of supervision:		
Supervisor's position and organisation during the period of supervision:		

Assessment of English language skills in practice tasks

Please indicate your assessment of the practitioner's English language skills for each of the core practice communication tasks listed below.

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If communication in English is appropriate, direct communication with clients and carers	English language skills sufficient for consistent, safe and competent performance in this task		
	Yes	No	Insufficient observation
Establishes a therapeutic relationship and communicates respectfully with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides information and explanation about care or services clearly, concisely and in language that is easily understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and responds effectively to questions or concerns raised by the client or carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses and obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds effectively to distress experienced by a client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses additional resources as necessary to enhance and reinforce clients' understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language appropriate to the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates at a standard which meets the requirements of workplace protocols, procedures and legislation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In English language, communication about client care matters with other health professionals	English language skills sufficient for consistent, safe and competent performance in this task		
	Yes	No	Insufficient observation
Reads and interprets written communication about clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes written entries in clients' health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares correspondence about clients (e.g. discharge letters, reports to external agencies, referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses clients' care with other health workers (in person, by telephone or electronic media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains reasoning and recommendations clearly; verbally and in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively with other health workers in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary supervisor declaration

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If I am a registered health practitioner, I acknowledge that providing information in this report that is false or misleading may constitute behaviour for which conduct or performance action may be taken by the health practitioner registration board that has registered me.

Secondary supervisor's signature (either an electronic signature or a hand-written signature is acceptable) and date: