## Breathing as One: Referee Assessment Form

## The information provided on this form is most important in evaluating the suitability of the applicant for research training. You are therefore asked to give detailed information (both pro and con) about the applicant. The Canadian Privacy Act stipulates that, in response to a specific request by the applicant, the Canadian Lung Association must make available a copy of your assessment.

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| 1. Reference Contact Information | | | | |
| **Date Submitted:** |  | | | |
| **Name of Applicant:** | First | Last | | |
| **Reference**  **Name:** | First | Last | | |
| **Title:** |  | | | |
| **Reference Mailing Address:** | Street Address: | | Apartment/Unit # | |
| City | | Province | Postal Code |
| **Work Phone :** | (     ) | | | |
| **E-mail Address:** |  | | | |
| **Relationship to applicant:** |  | | | |
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| 2. Evaluation of Applicant’s Research Skills | | | | | | |
| Please evaluate the applicant in the areas defined below: | | | | | | |
| Required Skills | Level of Ability | | | | | Additional Comments |
| Poor | Fair | Average | Excellent | Outstanding |
| Ability to think critically |  |  |  |  |  |  |
| Ability to apply skills and knowledge |  |  |  |  |  |  |
| Judgment |  |  |  |  |  |  |
| Originality |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Autonomy |  |  |  |  |  |  |
| Enthusiasm for Research |  |  |  |  |  |  |
| Determination and ability to complete projects within an appropriate period of time |  |  |  |  |  |  |
| Additional Comments re: Applicant’s Capacity and Skills | | | | | | |
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| 3. Evaluation of the Applicant’s Communication, Interpersonal and Leadership Abilities | | |
| Please provide a summary evaluation of the applicant in terms of their professional and relevant extracurricular interactions and collaborations. Include specific examples. For example, this could include:   * mentoring; * teaching; * supervisory experience; * project management; * chairing committees; * organizing conferences and meetings; and * elected positions held. | | |
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| 4. Disclaimer and Signature | | |
| I agree to submit my evaluation confidentially to The Lung Association – National Office directly via email. I grant permission for The Lung Association to contact me should they require any clarification regarding the applicant or my evaluation. | | |
| Signature: |  | Date: |
| Email directly to: [crobichaud@lung.ca](mailto:crobichaud@lung.ca)  Chantal Robichaud  Administrative Coordinator  The Lung Association – National Office | | |
| Deadline: FEBRUARY 28, 2018 | | |

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