FOUNDATION FOR REGISTERED NURSES OF MANITOBA INC.

Reference Appraisal Form for "Excellence in Preceptorship" Award

*Two forms must be submitted with the application form: one from the nominating student and one from RN from nominee's current working unit. Deadline for this award is November 30**.**

CONFIDENTIAL

Please Print

NAME OF NOMINEE: _____

How long have you known the nominee? _____

In what capacity? Student _____ RN from nominee's current working unit _____

INSTRUCTIONS:

1. Based on the knowledge of the candidate use the rating scale provided to score each of the following qualities.
2. Please note that the appraisals are an important component of the selection process.
3. Rate each of the items by placing a check mark under the appropriate number.

	Below Average	**Average**	**Above Average**	**Outstanding**
	1	**2**	**3**	**4**
1. Leadership Ability (has strong leadership and Interpersonal skills among students and colleagues)	( )	( )	( )	( )
2. Consistently provides excellence in teaching in their role as preceptor	( )	( )	( )	( )
3. Consistently acts as a positive role model	( )	( )	( )	( )
4. Communication (ability to provide positive and constructive feedback verbally and in writing)	( )	( )	( )	( )
5. Provides support to facilitate Student learning	( )	( )	( )	( )

Based on your knowledge of the nominee, describe why this nominee should be considered for an "Excellence in Preceptorship" award. Describe any outstanding characteristics you consider significant about this person as per the ratings above. These comments should be no more than 250 words. PLEASE PRINT.

Name of nominator (please print) _____

Position _____

Phone _____Email_____

Address _____

City_____ Province _____ Postal Code_____

Signature _____

Please mail the completed form to FRNM, 890 Pembina Hwy, Winnipeg MB R3M 2M8 by November 30.