

## Veterinary Clinic Recommendation/Reference

All prospective Unitec veterinary nursing students are required to complete three (3) trial/observation work experience days in a veterinary clinic **before completing their application**.

If you have been approached by a prospective student and agreed to provide them with the required work experience, please complete this form regarding that student's time with you. Please note that allowing a student to complete these three days with you does not commit you to having the student for the remainder of the year for their ongoing work experience.

Student full name: \_\_\_\_\_\_ Student ID (if known): \_\_\_\_\_\_

Clinic name and location:

Clinic phone number: \_\_\_\_\_\_ Email: \_\_\_\_\_\_

Supervising staff member name/role:

I confirm that the above-named student has completed three (3) trial/observation days at the above-named veterinary clinic. The dates of the trial/observation days were:

I confirm that I am a member of the veterinary clinic staff at the above-named veterinary clinic and have the delegated authority to provide this recommendation/reference.

	Poor	Satisfactory	Good	Excellent
<b>Punctuality</b> Student arrived on time, and stayed the full allocated time.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
<b>Professional look</b> Student presented well (clean and tidy).	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
<b>Initiative</b> Where appropriate, the student offered to help.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
<b>Engagement</b> The student showed interest in what the veterinary clinic staff were doing.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
<b>Questions</b> The student asked appropriate questions.	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Any comments:				
Staff member signature:		Date:		

If you have any questions or concerns about this declaration, please contact the Academic Programme Manager for Animal Health, Laura Harvey at Iharvey@unitec.ac.nz, or on (09) 892 8490.