**EMST Instructor Training Referral Form** Date Click or tap to enter a date.

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| **Referee Details:** | |
| Referee (your name) | Click or tap here to enter text. |
| Your position/ title | Click or tap here to enter text. |
| Are you an EMST Instructor? | Choose an item. |
| If yes, date of your last course taught | Click or tap to enter a date. |
| If no, are you an instructor of other trauma courses? If yes, please specify  Click or tap here to enter text. | |
| Reference for (name of applicant) | Click or tap here to enter text. |
| Relationship to applicant | Click or tap here to enter text. |
| Period known applicant | Choose an item. |
| **Clinical experience of applicant** | |
| How is the applicant’s clinical experience relevant to teaching EMST?  (specifically, trauma experience)  Click or tap here to enter text. | |
| **Educational experience of applicant** | |
| How is their educational experience relevant to teaching EMST?  Click or tap here to enter text. | |
| How would you describe their teaching style?  Click or tap here to enter text. | |
| Why would this person make a good EMST instructor?  Click or tap here to enter text. | |

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| **Personal competencies -** Please comment on the qualities of the applicant |
| Commitment  Click or tap here to enter text. |
| Communication  Click or tap here to enter text. |
| Relationships  Click or tap here to enter text. |
| Collaboration  Click or tap here to enter text. |
| Outstanding strengths of applicant  Click or tap here to enter text. |
| Other comments  Click or tap here to enter text. |

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** Click or tap to enter a date.