EMST Potential Instructor Reference Form

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| --- | --- |
| Date: |  |
| **Referee Details:** | |
| Reference by (your name) |  |
| Your position/ title |  |
| Are you an EMST Instructor yourself? | Yes / No |
| If yes, date last course taught on? |  |
| If no, are you an instructor on other trauma courses? |  |
| **Reference for:** | |
| Name of applicant |  |
| Relationship to applicant |  |
| Period known applicant |  |
| **Clinical experience of applicant** | |
| How is their clinical experience relevant to teaching EMST?  *(specify trauma experience)* |  |
| **Educational experience of applicant** | |
| How is their educational experience relevant to teaching EMST? |  |
| How would you describe their teaching style? |  |
| Why would this person make a good EMST instructor? |  |
| **Personal competencies of applicant** | |
| Commitment |  |
| Communication |  |
| Relationships |  |
| Collaboration |  |
| Outstanding strengths of applicant |  |
| Other comments |  |