

MSc in Physical Therapy - Verification of Work Experience Form

Section 1:

Verification of the applicants work experience (all fields are mandatory)

Name of applicant:		
Name of work supervisor:	Supervisor's job position/title:	Supervisor's phone number:
Name and address of organization:	Position held by applicant (job title):	Paid position Volunteer position Practicum/placement
Briefly describe the clients served by this applicant and the nature of their disabilities (e.g. older people in residential care, children with physical disabilities, adults with spinal cord injuries):		
Briefly describe the main duties/responsibilities of the applicant:	Dates the applicant was in this position:	Total hours worked:

Section 2:

Ratings of the applicant's abilities to work with clients with disabilities

Based upon your experience with this applicant, please indicate on a scale of 0 to 10 how strongly you agree or disagree with the following statements. 0 indicates strongly disagree, 10 indicates strongly agree.

		0	1	2	3	4	5	6	7	8	9	10	
1. The applicant communicates clearly with the clients and other staff	Strongly disagree												Strongly Agree
2. The applicant acts professionally with the clients and other staff	Strongly disagree												Strongly Agree
3. The applicant treats clients and other staff with dignity and respect	Strongly disagree												Strongly Agree
4. The applicant demonstrates initiative	Strongly disagree												Strongly Agree
5. Our clients are comfortable working with this applicant	Strongly disagree												Strongly Agree
6. I would be happy to have this applicant as an employee in my organization	Strongly disagree												Strongly Agree

Signature (digital or hand-written)

Date

Instructions

- Please complete all sections of the form
- Please ensure that the form is signed and dated
- Please submit the completed form to the applicant so that they can upload to their application before the February 1 deadline.