ntre intégré liverstaire de santé de services sociaux l'Estrie - Centrie Sinerbrooke Québec Es Es Direction de la qualité, de l'éthique, de la performance et du partenariat

VERIFICATION AND REQUEST FOR REFERENCES

NEW APPLICANT

Name of the applicant :

1. HOW LONG HAVE YOU KNOWN THIS PERSON?

2. WHAT DO YOU KNOW OF THIS PERSON?

3. HOW IS THIS PERSON PERCEIVED BY THOSE AROUND HIM/HER?

4. IF ONE OF YOUR RELATIVES NEEDED TO BE HOUSED, WOULD YOU LET THIS PERSON CARE FOR THEM?

5. DO YOU HAVE ANY OBJECTIONS TO HAVING A CHILD OR TEENAGER ENTRUSTED TO THAT PERSON ?

6. ACCORDING TO YOUR KNOWLEDGE OF THAT PERSON, DO YOU THINK THIS PERSON WILL BE ABLE TO ASSUME THE RESPONSIBILITIES INHERENT IN MANAGING A HOSTING RESOURCE.?

7. HOW WOULD YOU DESCRIBE THE PERSON'S INTERPERSONAL RELATIONSHIPS?

| Describe the qualities of these relation | ions : | | | |
|--|-------------------|---------------------|-----------------|-------|
| | | | | |
| | | | | |
| Describe this person's capacity in a help : | sking for | | | |
| | | | | |
| | | | | |
| Describe this person's capacity to communicate : | | | | |
| | | | | |
| | | | | |
| 8. TO YOUR KNOWLEDGE, DOES TH | IS PERSON CONSUME | ES ALCOHOL, DRUGS A | ND MEDICATION ? | |
| | Regularly | Occasionaly | Seldom | Never |
| Alcohol | | | | |
| Drugs | | | | |
| Medication | | | | |

| de la performance et du partenariat | | | | |
|-------------------------------------|------------------|--------------|--------------|------------|
| 9. WHAT DO YOU KNOW OF THIS PERSON? | | | | |
| | Superior | Satisfactory | Insufficient | Inadequate |
| Concern for work well done | | | | |
| Judgement | | | | |
| Capacity to work in group | | | | |
| Autonomy | | | | |
| Motivation | | | | |
| Discretion | | | | |
| Capacity to analyse | | | | |
| Professionalisme | | | | |
| Initiative | | | | |
| Dilignece/ponctual | | | | |
| Respect/no judgement | | | | |
| Listening capacity | | | | |
| Stress management | | | | |
| Ability to set limits | | | | |
| Ability to adapt | | | | |
| Flexibility and tolerance | | | | |
| Openness to difference | | | | |
| 10. would you like to add any o | THER INFORMATION | 15 | | |
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| Centre intégré universitaire de santé et de services sociaux de l'Estrie - Centre hospitalier universitaire de Sherbrooke Québec a Dir de l | 2 62 3 65 inclúon de la qualité, de l'éthique, de performance et du partenariat | |
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| 11. Sig | GNATURES | |
| Name | e: | |
| Signat | ture : | |
| Phone | e: | |
| Date : | | |