**Evaluation of Internship Applicants at the**

**Small Animal Clinic, Vetsuisse Bern**

**Practice/name:**

**Address:**

**Tel. Number:**

**E-mail:**

**Specialty:**

**Last name, first name of the applicant:**

1. **For how long have you known the applicant?**

1. **In what capacity do you know the applicant?**

clinical work / internship

lectures / classes

research project

mentor / counselor

private contact

Additional information:

1. **How many interns have you worked with in the last five years?**

1. **For each of the following three categories, please pick those two characteristics that best describe the applicant's strengths:**

**Character (please pick 2)**

Professionalism

Work ethic

Initiative

Dealing effectively with stressful situations

Working independently

Leadership

Awareness of one's own strengths and weaknesses

Awareness of one's own limits / seeks help when necessary

**Interpersonal (please pick 2)**

Empathy for owners and patients

Deals well with constructive criticism

Communication with the owners

Teamwork

Helpfulness

Takes responsibility

**Medical / technical skills (please pick 2)**

Knowledge

Organization

Time management

Technical skills

Diagnostic skills

Procuring information

Patient care

**The applicant's strengths in your own words:**

1. **For each of the following three categories, please pick at least one characteristic with which the applicant needs assistance:**

**Character**

Professionalism

Work ethic

Initiative

Dealing effectively with stressful situations

Working independently

Leadership

Awareness of one's own strengths and weaknesses

Awareness of one's own limits / seeks help when necessary

The applicant is so well-rounded that an improvement in this category

is not possible

**Interpersonal**

Empathy for owners and patients

Deals well with constructive criticism

Communication with the owners

Teamwork

Helpfulness

Takes responsibility

The applicant is so well-rounded that an improvement in this category

is not possible

**Medical / technical skills**

Knowledge

Organization

Time management

Technical skills

Diagnostic skills

Procuring information

Patient care

The applicant is so skilled that an improvement in this category

is not possible

**The applicant's weaknesses in your own words:**

1. **In your practice / clinic, would you hire the applicant?**

Yes, without reservation

Yes, but with reservation – why?

No – why?

**Please submit a brief letter of reference of no more than 400 words. The lack of said letter of reference will be considered a negative evaluation of the applicant.**

**Date:** **Signature:**