



# Registered Nurses Association of the Northwest Territories and Nunavut

Character Reference  
Request Form –  
School of Nursing  
Graduates

## Instructions:

A Character Reference is required for a nursing graduate who has not worked since graduation. This form must be completed by a nursing faculty member (nursing instructor) from the applicant's school of nursing who can recommend the applicant based on their theoretical and clinical performance as a nursing student. This reference must not be a current employee of the RNANT/NU.

## Part A: Applicant Information

Applicant to complete and forward to Character Reference

Name \_\_\_\_\_ Previous name (if applicable e.g. maiden name) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Prov/Territory Postal Code*

I hereby give \_\_\_\_\_ my consent to provide RNANT/NU with the answers to the questions below  
*Reference's name*  
for the sole purpose of assessing my registration eligibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part B: Character Reference

Instructions: Character Reference to complete Part B and **return directly** to RNANT/NU.

Scan and email (Preferred) [info@rnantnu.ca](mailto:info@rnantnu.ca)

Fax 867-873-2336

Mail address PO Box 2757 Yellowknife, NT X1A 2R1

1. I have personally known the Applicant for \_\_\_ years.
2. What is your relationship with the Applicant? \_\_\_\_\_
3. Please provide observations of Applicant's character and reputation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you know of any reason (personal, health or other) why this person may not be fit to engage in the practice of nursing as a Registered Nurse or Nurse Practitioner? (If yes, please specify in separate letter.)  Yes  No

5. Are you a relative by birth or marriage of the applicant?  Yes  No

I hereby certify that the information given above is true and complete.

\_\_\_\_\_  
Signature Print name in full Day/Month/Year

\_\_\_\_\_  
Occupation Title Phone number