

Employer English Proficiency Reference Form

Instructions - Read All Instructions Before Completing Form

- The applying IEN must complete all fields in PART A, B, and C, and then send the form to their current healthcare supervisor. The supervisor must complete all remaining fields and email the form directly to ienp.eepr@inspireassessments.org from the supervisor's work email.
- The form must be completed and emailed by one supervisor. A form completed by multiple supervisors will not be accepted.
- The supervisor completing this form should be a health professional who **directly supervises the applicant's work**.
- The work experience attested to in this form must be in a healthcare setting (HCA, MOA, PSW etc.), within the last 2 years.
- INSPIRE will use the information provided to assess the applicant's English language proficiency.
- **All questions on the form must be completed, failure to do so may cause delays or require resubmission.**

Collection Notice

Inspire Global Assessments (Inspire), a program of the BC College of Nurses and Midwives (BCCNM), collects your personal information for the purposes of delivering its assessment services. This information is collected because it is necessary for BCCNM's and Inspire's programs and activities as well as for planning or evaluating those programs and activities. The authority to collect this information is under section 26 of British Columbia's *Freedom of Information and Protection of Privacy Act*. If you have any questions, please email privacy@bccnm.ca.

PART A - Personal Information (to be completed by the applicant)

Last name: _____ First name: _____ Inspire ID: _____
Middle name(s): _____ Former name(s) if applicable: _____

PART B - Employment Information (to be completed by the applicant)

Facility name: _____
Employer address (Apt/Box/#/Street): _____ City/town: _____
Province/State: _____ Country: _____ Postal code/zip code: _____
Supervisor name: _____
Title: _____
Telephone: _____ Email: _____

PART C - Consent & Declaration (to be completed by the applicant)

I declare the information I have provided on this form is true, accurate, and complete. I understand that the submission of inaccurate, false, or misleading information to Inspire may result in Inspire terminating my application. I give consent to my Employer, as named in Part B of this form, to disclose the information on Parts D, E, and F of this form regarding my English Language Proficiency to Inspire. Inspire will use this information for the purposes of assessing my English proficiency. My consent is effective on the date signed.

Signature: _____ Date: _____

PART D - Employment Information (to be completed by the applicant's direct supervisor)

The applicant named above has indicated that they are proficient in the English language and have worked in English with your organization. By completing this form, you are attesting to the applicant's demonstrated proficiency in English in the practice setting. Please provide responses based on your observations of the applicant in providing healthcare services.

Inspire, as a program under BCCNM, is subject to British Columbia's *Freedom of Information and Protection of Privacy Act* (FIPPA). Any information in Inspire's custody or control is subject to Part 2 – Freedom of Information, and may be disclosed in response to a Freedom of Information (FOI) request. Inspire manages all FOI requests as prescribed in FIPPA and its regulations.

I confirm I am the applicant's direct supervisor, and most familiar with the applicant's practice.

****Please complete all questions in the below section based on your employee's information**

Date employed from (dd/mm/yy): _____ to: _____

Job title: _____ ☐ Full-time ☐ Part-time ☐ Casual

Hours worked in the previous 2 years: _____

Department(s) employed in: _____

Language spoken in the workplace: _____

Language used for documentation: _____

Is registration required to hold this position? If yes, please indicate registration type and number:

☐ LPN ☐ RN ☐ RPN ☐ HCA Other (please specify): _____

Registration #: _____

PART E - Supervisor Assessment of English Language Proficiency (to be completed by the applicant's direct supervisor)

Please attest to the applicant's ability to **READ** and comprehend English using the following competencies which may include but are not limited to:

- Read and demonstrate comprehension of policies, procedures, regulations, practice standards, etc.
- Research and comprehend information and apply it
- Read written communication and instructions from a supervisor or another healthcare provider
- Read and interpret practice-based communication, including charts, schedules, shift reports, etc.

☐ The applicant has demonstrated an overall ability to read and comprehend English proficiently.

Provide specific examples of how the applicant **READS** in English in their daily work:

Please attest to the applicant's ability to **WRITE** English using the following competencies which may include but are not limited to:

- Document care and communication according to policies, procedures, practice standards, etc.
- Prepare written communication, such as instructions, that can be understood by others
- Take notes and summarize written communication related to practice
- Provide comprehensible written communication, including, shift reports, completion of forms, etc.

☐ The applicant has demonstrated an overall ability to write English proficiently.

Provide specific examples of how the applicant **WRITES** in English in their daily work:

PART E - Supervisor Assessment of English Language Proficiency (Cont'd)

Please attest to the applicant's ability to **SPEAK** English using the following competencies which may include but are not limited to:

- Clearly explain policies, procedures, tasks, etc.
- Communicate clearly to solve problems
- Respond appropriately to instructions from a colleague, supervisor, or another health care provider
- Communicate practice-based information, including patient information, shift reports, etc.
- Communicate effectively in anticipated and unanticipated situations with patients and colleagues

☐ The applicant has demonstrated an overall ability to speak English proficiently.

Provide specific examples of how the applicant **SPEAKS** in English in their daily work:

Please attest to the applicant's ability to **LISTEN** and comprehend English using the following competencies which may include but are not limited to

Listen to colleagues to determine root of problem or conflict in a team

- Listen and comprehend patient concerns and respond appropriately
- Comprehend verbal communication and instructions from another health care provider
- Comprehend verbal orders and document accordingly

☐ The applicant has demonstrated an overall ability to listen and comprehend English proficiently.

Provide specific examples of how the applicant **LISTENS** in English in their daily work:

PART F - Supervisor Information (to be completed by the applicant's direct supervisor)

I declare the information I have provided on this form is true, accurate, and complete. I understand that the submission of inaccurate, false, or misleading information to Inspire Global Assessments (Inspire) may result in Inspire terminating the application of the applicant named on page 1 of this form.

Last name: _____ First name: _____

Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Please name the regulatory body you are member with:

Licensing or registration # with the regulatory body:

Please email the completed and signed form to ienp.eepr@inspireassessments.org, from your work email, with the subject line: EEPR for {Insert applicant's name}