



**B. PLEASE DESCRIBE THE NATURE AND DURATION OF YOUR CONTACT WITH THE APPLICANT.**

**C. Please give a NARRATIVE ASSESSMENT of the applicant, emphasizing those aspects of the applicant which caused you to rate him/her as you did. Feel free to include any other pertinent information**

**D. PLEASE GIVE AN OVERALL RATING OF THE APPLICANT RELATIVE TO OTHERS AT THE SAME LEVEL OF TRAINING BY PLACING A MARK ON THE LINE GIVEN BELOW:**

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*Satisfactory*

*Will do a very good job*

*The best candidate  
you have met to date*

Signature:

Date:

**NAME OF REFEREE:**  
**TITLE AND POSITION:**  
**MAILING ADDRESS:**  
**PHONE:**  
**FAX:**  
**EMAIL:**

Again, many thanks.

Please return your assessment to: Jen Foxcroft  
Fellowship Program Coordinator  
Dept. of Oncology  
London Health Sciences Centre  
c/o London Regional Cancer Program – Victoria Hospital  
790 Commissioners Road East, London, ON N6A 4L6  
Email: [jen.foxcroft@lhsc.on.ca](mailto:jen.foxcroft@lhsc.on.ca)  
Phone: 1-519-685-8600 extension 53177  
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