



NL Health Services

Dietetic Internship Program

CONFIDENTIAL REFERENCE CONTACT FORM

Please provide the name and email address of 3 referee's you wish to use. Please ask each individual for permission to use them as a reference.

References:

Name: _____

Relationship to you: _____

Email address: _____

Name: _____

Relationship to you: _____

Email address: _____

Name: _____

Relationship to you: _____

Email address: _____

*Email this form with your application to dietetic.internship@easternhealth.ca. This will help us align submitted references with each applicant/application. Notify, each referee that they are to complete the NLHS Dietetic Internship Confidential Reference Form (as found in appendix 3) or alternatively, the Dietitians of Canada Reference Form (other than the letterhead logo, these forms are the same). The referee is to submit the completed reference form directly to the NLHS Dietetic Internship Program by email to dietetic.internship@easternhealth.ca (the reference form should not be submitted by the applicant).