

Referee Form

NAME OF APPLICANT DATE

TITLE OF POST/TRAINING COURSE APPLIED FOR

POST/TRAINING COURSE NO.

N.B. This form must be completed confidentially by the Referee and returned to the applicant in a sealed envelope with the referee's signature across the seal.

Please enter an X in the appropriate column to indicate your assessment of the applicant's capabilities.

Demonstrated Ability for Learning

Academic Potential

Ability to Express Himself/Herself: Orally

In Writing

Initiative

Perseverance

Ability to Work Independently

Ability to get on with Colleagues/within a Team

Ability to get on with Instructors/Persons in Authority

Potential of this Applicant for Performing Effectively

Potential of this Applicant for Self Development and Advancement

Outstanding	Above Average	Average	Below Average	Not Known

Further Comments:

.....
Signature

.....
Name (Type or Print)

.....
Position

.....
Address

.....
Telephone No.