



**MANUKAU
INSTITUTE OF
TECHNOLOGY**
Te Whare Takiura o Manukau

CONFIDENTIAL - REFEREE FORM

REFERENCE

Mark your envelope 'Confidential' and send to: Faculty of Nursing and Health Studies
Manukau Institute of Technology, Private Bag 94006, Manukau 2241, Auckland

Referees must reside inside in New Zealand, must not be a relative of the applicant, and must have known the applicant for longer than two years.

Please print clearly in pen using BLOCK LETTERS.

(SECTION A) TO BE COMPLETED BY APPLICANT

Complete the section below and send a copy of this form to each of your referees requesting that it is completed and forwarded directly to the Faculty of Nursing and Health Studies.

Name of Applicant:

Name of Programme:

(SECTION B) TO BE COMPLETED BY REFEREE

It would be of great assistance to us in considering the application if you would complete this form and comment on the applicant's suitability for the programme. Any information which you give will be treated in strictest confidence. Please send directly to the address* at the top of this page.

1

HOW LONG HAVE YOU KNOWN THE APPLICANT?

Years

In what capacity?

☐

Work

☐

Friend

If work related

☐

Manager/Supervisor

☐

Colleague

2

PERSONAL QUALITIES

Please place an tick in the space on the grid which best indicates your assessment of the applicant in relation to each of the following qualities.

Honest					Dishonest
Mature					Immature
Reliable					Unreliable
Well groomed					Untidy
Tolerant of difference					Intolerance
Accepts responsibility					Avoids responsibility

Please evaluate the applicant, in relation to others of similar age and experience in terms of the qualities below (tick as applicable).

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
Academic ability (including written work)					
Speaking ability and communication skills					
Ability to question, investigate and problem solve					
Independent work and study habits					
Ability to work with others					
Persistence and drive					
Management of time					
Initiative					

3

INTERPERSONAL RELATIONSHIPS (PLEASE COMMENT ON THE FOLLOWING)

Relationship with peers:

Consideration of others:

4

HOW STRONGLY DO YOU SUPPORT THIS APPLICATION TO THE PROGRAMME?☐ Highly recommend☐ Recommend☐ Recommend with some reservations☐ Do not recommend

5

GENERAL

Has the applicant's health ever affected his/her work performance at work/school?

☐ Yes☐ No

If 'YES', comment:

Does the applicant have any special abilities or disabilities?

☐ Yes☐ No

If 'YES', comment:

In what capacity do you know the applicant?

How long have you known the applicant?

Do you have any concerns about the applicant's suitability to work with children?

Would you be happy for the applicant to take care of your children?

Are there any other comments you would like to make?

Are there any matters you would like to discuss by phone?

Please make any additional comments you wish. Attach further information if additional space is necessary.

I wish this information to remain confidential.

☐ Yes☐ No

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REFEREE DETAILS

Print name:

Position:

Phone Number:

Signature:

Date

 / /
DAY MONTH YEAR