

This is a confidential reference form.

The information given will be held in the strictest confidence and will assist in the selection process.

Please ask two appropriate people (not relatives) to each complete a Reference Form. You could use an employer, School Dean or responsible member of the community, not a family member or friend.

References are an essential part of the application process for your chosen programme of study and must be completed before you can be fully enrolled.

This form should be posted directly to UCOL by your referee. Please check with your referees that your reference has been completed and returned.

Section A - to be completed by applicant

Personal Details

Programme Applied for:	<input type="text"/>		
Applicant Name:	<input type="text"/>		
Date of Birth:	<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>
Student ID (if known):	<input type="text"/>		
Applicant phone:	<input type="text"/> (Home)	<input type="text"/> (Mobile)	
Referee Name:	<input type="text"/>		
Referee phone:	<input type="text"/> (Home)	<input type="text"/> (Mobile)	
Referee Address:	<input type="text" value="STREET ADDRESS"/>		
	<input type="text" value="SUBURB"/>	<input type="text" value="TOWN"/>	<input type="text" value="POSTCODE"/>

Important Note

Please have the reverse side of this form completed by your referee.
This form should be posted directly to UCOL by your referee, addressed to:

UCOL Student Registry
Freepost 460
Private Bag 11022
Palmerston North 4442

Section B - to be completed by referee

Relationship

How long have you known the applicant?

What is your relationship to the applicant? (e.g. teacher, employer)

Personal Qualities

How would you best describe the applicant for each of the following:

Honesty:

Maturity:

Reliability:

Presentation:

Tolerance:

Accepting responsibility:

Interpersonal Relationships

Please comment on the following:

Relationship with peers:

Relationship with people in authority:

Consideration of others:

Attitudes to Work/Study

Please comment on the following:

Perseverance:

Co-operation with others:

Application to work/
study:

Initiative:

General

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

Yes No

If yes, please comment:

Does the applicant have special needs, disabilities or mental health problems?

Yes No

If yes, please comment:

Do you consider the applicant able to undertake a full-time programme of intensive study?

Yes No

Give reasons:

Signature:

Date:

DAY

MONTH

YEAR