

## 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