

Health and Social Services Referee Report



Thank you for acting as a referee. Please do not complete this form if you are related to the applicant, are part of their extended family, or are a flatmate or close friend. Please return the completed form to the applicant or email:

✉ enrolments@wandw.ac.nz

1 APPLICANT DETAILS (Applicant to complete this section)

First or given name(s)

Surname or family name

What programme have you applied for?

Date of birth

2 REFEREE DETAILS (Referee to complete all following sections)

This report will form part of the evidence used to assess the applicant's suitability for their proposed programme of study. Please be open and honest in your responses. Aspects of this report may be discussed with the applicant. You do not need to answer any question if you feel uncomfortable or unable to do so.

Referee's name

How do you know the applicant (e.g. teacher, employer, etc.)

How long have you known the applicant?

Phone number

Please indicate your assessment of the applicant in relation to each of the qualities

3 PERSONAL QUALITIES

Honest	○ ○ ○ ○ ○	Dishonest
Mature	○ ○ ○ ○ ○	Immature
Reliable	○ ○ ○ ○ ○	Unreliable
Tolerant	○ ○ ○ ○ ○	Intolerant
Accepts responsibility	○ ○ ○ ○ ○	Avoids responsibility

Comments

4 INTERPERSONAL QUALITIES

Relationships with peers

Friendly, supportive ○ ○ ○ ○ ○ Domineering

Relationships with people with authority

Open, constructive ○ ○ ○ ○ ○ Tense

Consideration for others

Accepting, considerate ○ ○ ○ ○ ○ Judgemental, inconsiderate

Understanding of equity issues

Excellent ○ ○ ○ ○ ○ Poor

Comments

5 COMMUNICATION SKILLS

Listening skills

Excellent ○○○○ Poor

Written communication

Excellent ○○○○ Poor

Oral communication

Excellent ○○○○ Poor

Cross-cultural communication

Excellent ○○○○ Poor

Comments

6 ATTITUDES TO WORK/STUDY

Perseverance

Appropriately persistent ○○○○ Easily distracted

Cooperation with others

Participative ○○○○ Isolated

Acceptance of correction

Accepting of questions ○○○○ Resistant, defensive

Initiative

Motivated, independent ○○○○ Awaits direction

Ability to seek assistance

Excellent ○○○○ Poor

Ability to cope with stress and pressure

Excellent ○○○○ Poor

Comments

7 GENERAL

Has the applicant's health ever affected their performance at work/school? ☐ Yes ☐ No

Does the applicant have any special abilities or disabilities? ☐ Yes ☐ No

Is their attendance pattern at work/school acceptable? ☐ Yes ☐ No

Comments

8 SAFETY CHECK*

Do you have any concerns about the applicant's suitability to work with children? ☐ Yes ☐ No

Comments

***Safety Check:** The Children's Act (2014) requires all students, who may work with children during the course of their study, to be safety checked.

9 OVERALL RECOMMENDATION

Please indicate your overall recommendation by ticking a box below:

- ☐ Recommended
☐ Recommended with reservation
☐ Not recommended

If recommended with reservation or not recommended, please comment:

Referee's signature

--

Date

--