

# REFERENCE REQUEST

**APPLICANT'S NAME**

**REFEREE'S NAME**

**REFEREE'S CONTACT DETAILS**

**IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? eg Teacher/Coach**

Please read the following and check the box that best reflects your opinion of the Applicant

	Excellent	Much better than most	Better than Most	As good as most	Not as good as most	Unable to comment
Academic potential:						
Application to study:						
Ability to express ideas (verbal):						
Ability to express ideas (written):						
Leadership:						
Initiative & organising ability:						
Sociability: how would he mix with others in community living?						
Consideration for others and contribution to community:						
Moral qualities:						
Common sense & judgment:						
General character:						

DATE  
COMPLETED

I confirm that the above information has been completed by the Referee as named above

Please return this completed form to [r.hynds@kings.uq.edu.au](mailto:r.hynds@kings.uq.edu.au)