

Excelsior Community College
School of Nursing

REFERENCE FORM

1. Name of Applicant _____
Surname
First Name
Other Name(s)

2. Permanent Address _____

3. Present Address _____

4. Name of Referee _____ Occupation _____

5. In what capacity is the candidate known to you? _____

6. For what period of time have you known the applicant? _____

7. Please give your frank opinion of the applicant by placing a tick in the appropriate column.

Personal Traits	Always	Most Times	Sometimes	Never
a. Well groomed				
b. Poised				
c. Courteous				
d. Thoughtful				
e. Sociable				
f. Tolerant				
g. Punctual				

Attitudes	Outstanding	Above Average	Average	Below Average	Unsatisfactory
a. Self Confidence					
b. Flexible					
c. Responsible					
d. Shows Initiative					

8. **Strong Personal Characteristics**

9. **Any Weakness or Failings**

10. Any record of absenteeism? _____

11. Does the candidate work harmoniously with others? _____

12. Is the candidate honest? _____

Are there:

13. a) Any health problems, emotional or physical? NO () YES () DON'T KNOW ()

b) exhibited unsatisfactory adjustment to others? NO () YES () DON'T KNOW ()

c) exhibited unsatisfactory adjustment to college life in general? NO () YES () DON'T KNOW ()

- d) been placed on academic probation? NO () YES () DON'T KNOW ()
- e) been involved in acts of dishonesty? NO () YES () DON'T KNOW ()
- f) been suspended or dismissed for social violation? NO () YES() DON'T KNOW ()

Please explain any affirmative in the space below. Additional paper can be used if required.

This information is based on:

- () occasional observation and contacts and/or
- () reports
- () contacts through counseling
- () close contacts

14. OVERALL COMMENTS

SIGNATURE: _____

DATE: _____

ALL INFORMATION GIVEN BY YOU HEREIN SHALL BE TREATED CONFIDENTIALLY AND SHOULD BE APPROPRIATELY SIGNED/STAMPED AND RETURNED WITH YOUR APPLICATION FORM.