



Manitoba Public Insurance

OCCUPATIONAL THERAPY and PHYSICAL THERAPY TUITION SCHOLARSHIPS APPLICATION FORM

PART II: INSTRUCTIONS TO REFEREE ON HOW TO COMPLETE PART II OF THE MPI APPLICATION

Who should complete this form?

Complete this form if you have agreed to evaluate an applicant for an MPI award.

- Use this form in conjunction with the applicant's completed copy of the MPI application form
- Once you have completed the rating form and have attached a letter of support, the Awards Committee will use it to review and assess the application for an award.
- Complete and submit the signed form and the letter of support prior to the deadline (September 30). The Awards Committee will not consider the application without it.

How to complete this form

Rate the applicant on each of the evaluation criteria in the grid and justify your evaluation in the supporting letter. Rather than providing general comments, assess the applicant's strengths and limitations for each criterion. Include **specific examples** of the applicant's accomplishments and contributions to support your assessment.

Note: If you provide exceptionally high or low ratings that are inconsistent with the application as a whole, they may diminish the report's credibility. Please note that this report will be accessible to the applicant with your particulars blocked out.

General Presentation

- When you prepare your report on the applicant, follow these guidelines:
- The form and letter of support must be typed and submitted electronically;
- The letter must be in 12 pt. font;
- Condensed type is not acceptable; and
- A one-page letter of support must be appended (this letter should be consistent with the ratings provided in the grid)

Application deadline is: September 30

Submit to: SMR.Awards@med.umanitoba.ca



PART II: TO BE COMPLETED BY REFEREE

“This report is CONFIDENTIAL and must be completed by a faculty member from any academic institution or an Occupational Therapist or Physical Therapist practitioner with special knowledge of the student”

LAST NAME OF APPLICANT	FIRST NAME
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THIS REPORT CONSISTS OF THREE PARTS AND ALL PARTS MUST BE COMPLETED:

The information provided on this form is most important to the Award Committee in evaluating the suitability of the candidate for receiving the MPI award.

You are therefore asked to give detailed information (both pros and cons) about the candidate.

- (2.1)** How long have you known the student and in what capacity? (professor, fieldwork educator etc.)
- (2.2)** Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience.
- (2.3)** The letter of support should be typed in black, as the material must be duplicated for the peer review process.

2.1 HOW LONG HAVE YOU KNOWN THE STUDENT AND IN WHAT CAPACITY?

I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, fieldwork educator, etc.)

On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following rating:

2.2 RATING FORM

(Note: Ratings should be consistent with information contained within the body of the application form – including the marks on the transcripts).

	EXCEPTIONAL		EXCELLENT		VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Academic Preparation								
Demonstrated Scholarly Ability								
Demonstrated Clinical Ability								
Communication Skills (written)								
Communication Skills (oral)								
Industriousness / Motivation								
Creativity								
Originality								
Judgment								

2.3 PLEASE ELABORATE ON THE ABOVE RATINGS BY ATTACHING AN ADDITIONAL LETTER OF SUPPORT (REQUIRED)

Name of Respondent (Print)	Date
Position	Institution