



Practical Nursing Program
REFERENCE LETTER FORM

***Family or friends cannot be used as references**

APPLICANT INFORMATION (complete prior to submitting to the Reference):

Name: _____
Address: _____
Phone: _____
e-mail: _____

REFERENCE INFORMATION (to be completed by the Reference):

Name: _____
Title: _____
Address: _____
Phone: _____
e-mail: _____

***This document must be returned directly from the Reference to the Registrar's Office** by mail or e-mail at wmain@tru.ca (please include Applicant's name in the subject line of e-mail).*

NOTE TO REFERENCES: Applicants have the right of access to references about themselves in accordance with the Freedom of Information and Protection of Privacy Act. If you wish your reference information be given in confidence and not released in its entirety to the candidate your identity will be kept confidential. However, the content of the reference will be released to the candidate.

I wish my identity be kept confidential: Yes _____ or No _____

Signature

Date

NOTE: If you do not know the candidate well enough to make a valid assessment it would be in the interest of the candidate for you to decline the invitation to evaluate him/her.

(WITH A CHECK, PLEASE INDICATE YOUR OPINION OF THIS APPLICANT)

PROFILE	OUT- STANDING	GOOD	FAIR	POOR	NO BASIS FOR JUDGEMENT
ABILITY TO COPE: With heavy work load. Perform well under pressure. Is mature. Respond well to stress and can manage time					
INTERPERSONAL RELATIONS: Ability to get along with others and has appositve attitude towards supervision					

POSSESSES: Empathy, consideration, tact and courtesy					
JUDGEMENT: Ability to analyze a problem with common sense and decisiveness					
RESOURCEFUL: Skillful management of available resources					
RELIABILITY: Dependable, responsible, prompt and conscientious					
COMMUNICATION SKILLS: Clarity of expression. Use of English written and spoken					
PERSEVERANCE: Stamina, endurance, work habits					
PERSONAL APPEARANCE: Grooming, clothing					
SELF –CONFIDENCE: Assured, aware of own strengths and areas for improvement					
INTELLECTUAL CURIOSITY: Interest in learning and problem solving Varied interests					

In what capacity have you been associated with the applicant?

i.e. physician, clergyman, etc. (not family or friends)

How well do you know the applicant? (circle one)

very well

fairly well

slightly

How long have you known the applicant? _____

Would you have this applicant in a responsible position under your direction?

Definitely would want the applicant _____ Definitely would not want the applicant _____

Would be satisfied to have the applicant _____ Unable to judge _____

Comments: (Please address, insofar as possible, the areas you have rated on the previous page, using specific examples where appropriate, in your overall evaluation of the candidate. Please be thoughtful, personal and thorough.)

Signature: _____ Date: _____

PLEASE ACCEPT OUR THANKS

Thompson River University – 1250 Western Avenue – Williams Lake, BC – 250.392.8020 – wlmain@tru.ca