



Emmanuel College

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CONFIDENTIAL REFEREE FORM

Please forward the completed form directly to *The Admissions Officer* at the above address.

Name of Applicant: _____

Address of Applicant: _____

Applying for: 20 __ Full year Semester 1 only Semester 2 only

Referee Name (Please print clearly): _____

Contact details: (Please print clearly): _____

1. How long have you known this student? _____
2. In what capacity have you known them? _____
3. How do you rate them on the following; (Please tick one column for each category)

	Outstanding	Good	Average	Could be better	Poor	Unable to comment
Academic potential						
Application to study						
Verbal expression						
Written expression						
Leadership qualities						
Organisational ability						
Initiative						
Social skills						
Community contribution						
Consideration						
Moral qualities						
Religious commitment						
Common sense						
Overall character						

4. Please comment on any matter you feel is relevant to this application. Please attach an additional page(s) if required:

5. Relevant family history:

Signature: _____ Date: _____

Your assistance in evaluating this student is appreciated. Thank you.