



CONFIDENTIAL REFEREE FORM

Name of applicant			
Address of applicant			
Year applying for: 20	<input type="checkbox"/> Full Year	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
Referee name			
Referee contact details			
How long have you known this student?		In what capacity have you known them?	

How do you rate the student on the following (please check 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						

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

Relevant family history:

Signature _____