

**BSc (Hons) Specialist Complex Needs Rehabilitation Work (Visual Impairment) (Top-up)**

Reference Form

### Confidential

This form is to be used as part of the application process for the BSc (Hons) Specialist Complex Needs Rehabilitation Work (Visual Impairment) course or applicants applying to study individual modules.

Applicants should provide electronic copies of this form to 1 referee.

Please use a word processor to type your answers into this form in the spaces provided. The spaces will expand to accommodate longer answers. See the end of the form for full submission instructions.

**The application cannot be processed until this reference has been completed in full and submitted to Birmingham City University.**

**Applicant Full Name:**

References should be from current and / or previous employers, academic tutors, volunteer supervisors and / or other relevant professionals. If an employer is sponsoring the application, the employer must provide one of the references.

# To be completed by Referee

The above named person is applying for admission to the BSc (Hons) in Specialist Complex Needs Rehabilitation Work (Visual Impairment) course or for individual modules at Birmingham City University.

The University would appreciate your personal impressions of their intellectual ability and professional skills. To assist us to ascertain their suitability for this particular course. We also seek your comments on their character, quality of previous work, personal strengths and weaknesses, and potential.

Referee name:

Position:

Address:

Post Code:

Email:

Telephone:

* **How long have you known the applicant, and in what capacity?**

### Suitability for this course

In considering the applicant’s personal circumstances, Referees should consider carefully whether they are aware of any factors which would impede their ability to achieve this course.

* **Please comment on the applicant's general suitability for the course with particular reference to his / her strengths:**
* **Please rate the applicant’s qualities in the following areas by writing a number against each aspect, based on this scoring:**

4 = Excellent / 3 = Very Good / 2 = Average / 1= Below Average /  
n/k = Not Known

Motivation:

Ambition & drive:

Originality & creativity:

Problem solving skills:

Decision making skills:

Time management skills:

Oral communication skills:

Written communication skills:

Word-processing:

Email and Internet ability:

Numeracy:

Personal maturity:

# Overall recommendation

* **Please type YES against ONE of the following to indicate your overall recommendations for this applicant:**
* I unreservedly support the candidate’s application to pursue this course.
* I can offer support for the candidate’s application to pursue the course, but have some reservations, or do not know the applicant well enough to do so unreservedly. *(Use “Any other comments” below” if you have anything to add).*
* I cannot support the candidate’s application to pursue this course.

**You must choose one of the above options for this reference to be valid.** If you have NOT offered unreserved support for this application we would appreciate an explanation of your choice above, or have any other comments, please insert them here:

* **Name of referee:**
* **Date :**

*Typing your name above into this electronic form will be treated as equivalent to a inserting a handwritten signature.*

**Thank you for taking the time to provide this information.**

# How to submit this form

Send your application form as an email attachment to:

[alliedhealth.admissions@bcu.ac.uk](mailto:alliedhealth.admissions@bcu.ac.uk)

And please see Cc to:

[rehabadmissionsquery@bcu.ac.uk](mailto:rehabadmissionsquery@bcu.ac.uk)

Please title your attachment as:

#### BSc in Rehabilitation Work Reference form + student name

In the subject field of the covering email please insert:

BSc Rehab Work reference + Date

If you have any queries, or cannot email the form by, please contact:

Admissions Department: 0121 331 5500

End of document.