



Referees should note that the contents of this report may be shown to the applicant on request.

To the Candidate:

Please fill in your name and course details below, detach and forward this part of the form to your referee for completion.

Applicant Name: _____ Date of Birth: _____

Course Applied For: _____

To the Referee:

I, the person named above am applying for admission to the course stated above at Birmingham City University. The university would appreciate your personal impressions of my intellectual ability and professional skills.

Please comment on my character, quality of previous work, personal strengths and weaknesses, and potential. (Please use a separate sheet if you prefer).

Signed: (Applicant) _____ Date: _____

Name and Position: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

E-mail: _____

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

Please comment on the applicant's suitability for the course with particular reference to his/her strengths.

In comparison with other members of his/her peer group, how would you rate the applicant in the following?
(please tick appropriate boxes)

	Excellent	Very Good	Average	Below Average	Unable to comment
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality and Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

NAME OF REFEREE (PLEASE PRINT): _____ SIGNATURE OF REFEREE: _____ DATE: _____

Thank you for completing this form. Now please return it to:
Admissions Department, Room 329 Cox Building, Faculty of Health
Birmingham City University, Perry Barr, Birmingham, B42 2SU