



**MANUKAU
INSTITUTE OF
TECHNOLOGY**
Te Whare Takaro o Manukau

CONFIDENTIAL - REFEREE FORM

REFERENCE

Referees must reside inside in New Zealand, must not be a relative of the applicant, and must have known the applicant for longer than two years.

Please email this completed form to enquiries@manukau.ac.nz

(SECTION A) TO BE COMPLETED BY APPLICANT

Complete the section below and send a copy of this form to each of your referees requesting that it is completed and forwarded directly to the Ask Me! Student Services Centre.

Name of Applicant:

Name of Programme:

(SECTION B) TO BE COMPLETED BY REFEREE

It would be of great assistance to us in considering the application if you would complete this form and comment on the applicant's suitability for the programme. Any information which you give will be treated in strictest confidence. Please send directly to the address* at the top of this page.

1

HOW LONG HAVE YOU KNOWN THE APPLICANT?

Years

In what capacity?

Work

Friend

If work related

Manager/Supervisor

Colleague

2

PERSONAL QUALITIES

Please place an tick in the space on the grid which best indicates your assessment of the applicant in relation to each of the following qualities.

Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishonest
Mature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immature
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Well groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Untidy
Tolerant of difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intolerance
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoids responsibility

Please evaluate the applicant, in relation to others of similar age and experience in terms of the qualities below (tick as applicable).

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
Academic ability (including written work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking ability and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to question, investigate and problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent work and study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

INTERPERSONAL RELATIONSHIPS (PLEASE COMMENT ON THE FOLLOWING)

Relationship with peers:

Consideration of others:

4

HOW STRONGLY DO YOU SUPPORT THIS APPLICATION TO THE PROGRAMME?

- Highly recommend Recommend
- Recommend with some reservations Do not recommend

5

GENERAL

Has the applicant's health ever affected his/her work performance at work/school? Yes

If 'YES', comment:

Does the applicant have any special abilities or disabilities? Yes

If 'YES', comment:

In what capacity do you know the applicant?

How long have you known the applicant?

Do you have any concerns about the applicant's suitability to work with children?

Would you be happy for the applicant to take care of your children?

Are there any other comments you would like to make?

Are there any matters you would like to discuss by phone?

Please make any additional comments you wish. Attach further information if additional space is necessary.

I wish this information to remain confidential. Yes

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REFEREE DETAILS

Print name:

Position:

Phone Number:

Signature:

Date

DAY	/	MONTH	/	YEAR
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Please email this completed form to:

enquiries@manukau.ac.nz

Please send this completed form by mail to:

Ask Me! Student Services Centre
Manukau Institute of Technology, Private Bag 94006
Manukau 2241, Auckland