

USE OF REFERENCE

The information and opinion you provide will be used by BTI to assess the suitability of the applicant for the programme stated. In particular we seek to confirm that the applicant is suitable for their chosen profession and capable of adhering to a high standard of professional practice and integrity.

You can opt for this reference to be confidential or sighted by the applicant.

REFEREE DETAILS (please print)

Title _____ Full name _____
 Telephone _____ Mobile _____
 For how long have you known the applicant? _____
 In what capacity have you known the applicant? _____

APPLICANT DETAILS (please print)

Full name of applicant _____
 Programme of study _____

RATINGS (please ✓ as appropriate)

How would you rate the applicant in terms of:	Unable to evaluate	Minimal	Adequate	Strong	Exceptional
Ability to cope with academic study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept feedback and guidance as a means of growing professionally and personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate appropriately to a range of cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to assist and serve others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit with BTI's Christian ethos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays the disposition and enthusiasm for this vocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS (Please ✓ as appropriate and comment where appropriate)

Are you aware of anything that would lead you to hesitate recommending the applicant to work directly with children, young adults (if for teaching) or people who may be vulnerable or needing personal emotional help and support (if for counselling)? Yes No

Do you have any concerns about this applicant's emotional or physical health in relation to completing this programme of study? Yes No

What strengths do you think this person would bring to their chosen career?

Overall recommendation (please ✓ as appropriate)

Highly recommended

Some reservations

Recommended

Not recommended

DECLARATION

I confirm that the above information is true to the best of my knowledge

Signature _____ Date ____/____/____

SUBMISSION OF REFERENCE (Please ✓ as appropriate)

This reference is confidential.

Yes

No

This reference has been sighted by the applicant.

Yes

No

We are unable to process the application until we receive this reference. **Please forward this reference or direct any queries to info@bethlehem.ac.nz** or the address below

Student Recruitment
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Tauranga 3110