

Masters in Social Work
Faculty of Human and Social Development
University of Victoria

EMPLOYER REFERENCE FORM
(Confidential)

The school requests the submission of this document electronically. Please fill it out and print to a file on your computer, then email that .pdf file to gradrefs@uvic.ca. Please send from your professional email not your personal email. A letter of reference may be supplied in addition to the employer reference form.

To the Applicant: Complete this section before sending this form to a referee of your choice.

Applicant's Surname Given names (underline one used) Previous name

Phone #:

E-mail:

V00 Student #

Birth date (YYYY/MM/DD)

TO BE COMPLETED BY THE REFEREE:

The above-named applicant has applied to pursue a Master's of Social Work degree at the University of Victoria. Please provide a brief evaluation of the applicant in the following areas (feel free to use additional pages):

1. Ability to communicate orally and in writing:

2. Ability to relate to:

a) Clients (eg. Children, youth, families, elderly, groups and community)

b) Co-workers and allied professionals:

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3. Ability to work with people from diverse groups:

4. Graduate research potential (self-direction, critical/creative thinking, inquisitiveness):

5. Personal attributes:

6. Please rate the candidate on the following specific criteria:

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Advocacy Skills					
Workload Management					
Critical Thinking					
Inquisitiveness					
Self-Directedness					
Written Communication Skills					
Oral Communication Skills					
Skills in Relating to Others					
Reliability					

7. From your experience and knowledge of the applicant, what will be the strengths and challenges for the applicant in completing a MSW program?

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8. Please indicate your recommendation of this applicant:

- Highly Recommended
- Recommended
- Recommended with reservations
- Not recommended (specify reasons below)

Comments: _____

To be completed by the Referee:

Name: _____

Title: _____ Agency / Institution: _____

Address: _____

Postal Code: _____ Phone: _____

Your position in relation to the applicant: _____

Length of time you knew the applicant: _____

Position the applicant held: _____

Place of employment: _____

Dates of employment:

From: _____ To: _____

Signature: _____ Date: _____

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