



PROFESSIONAL REFERENCE FORM

(Confidential)

University of Victoria
Master of Arts in Child and Youth Care Program

PO BOX 1700

Victoria BC

V8W 2Y2

Phone: (250) 472-4857 Fax: (250) 721-7218

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

LAST NAME **GIVEN NAMES** **PREVIOUS NAMES (IF APPLICABLE)**

Phone #: () _____ **Student #:** _____ **Birthdate:** _____

Relationship to Referee: _____

TO BE COMPLETED BY THE REFEREE:

The above named applicant has applied to pursue a Master's in Child and Youth Care in the faculty of Human and Social Development. Please provide a brief evaluation of the applicant. We are particularly interested in areas that include the applicant's professional practice, helping skills, ethical behaviours, and personal awareness. Please also share the basis for your perceptions in the comments section of each area.

Professional Practice (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

Helping Skills (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

Ethical Behaviours (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:



Personal Awareness (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

What is your overall assessment of this applicant as a candidate to our Master of Arts in Child and Youth Care Program. (please circle appropriate descriptor and amplify with comments)

Exceptional Excellent Very Good Good Average Below Average

Comments:

If you would like to make any further comments about the applicant or about the information you have provided, please attach a letter.

To be completed by the Referee:

Name (please print): _____ Signature: _____

Position Title: _____ E-mail: _____

Address: _____

Postal Code: _____ Phone: _____ Date: _____

Context of relationship to applicant: _____

To the Referee:

The information on this form may be released to the candidate through Access to Information under the Freedom of Information and Protection of Privacy Act. If you wish it to be kept confidential, please mark it accordingly.

Please send the completed form as an email attachment to: gradrefs@uvic.ca with a copy to scycgrad@uvic.ca