



## PROFESSIONAL REFERENCE FORM

(Confidential)

University of Victoria  
PhD 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 PhD 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.

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

Exceptional    Excellent    Very Good    Good    Average    Below Average

Comments:

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

Exceptional    Excellent    Very Good    Good    Average    Below Average

Comments:

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

Exceptional    Excellent    Very Good    Good    Average    Below Average

Comments:

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

Exceptional    Excellent    Very Good    Good    Average    Below Average

Comments: \_\_\_\_\_

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

Exceptional    Excellent    Very Good    Good    Average    Below Average

Comments: \_\_\_\_\_

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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](mailto:gradrefs@uvic.ca)