

REFERENCE & NOMINATION FORM

APPLICANT

Surname: _____

First Name: _____

REFEREE

Name: _____ Position: _____

Name of College/ University/ Institute: _____

Address of above: _____

1. How long have you known the applicant? _____

2. In what capacity? _____

In the rating scales below please place a mark in the box that best indicates your opinion of the applicant. Compare the applicant with students who have had about the same amount of experience and training.

Applicant's Qualifications	Exceptional top 1%	Outstanding top 3%	Unusual top 10%	Good next 15%	Above average	Average or below	Inadequate opportunity to observe
Mastery of basic knowledge in field							
Ability to express self orally and in writing							
Originality and imagination in field							
Capacity for conscientious, hard work							
Potential for future growth in field							

Applicant's Characteristics	Exceptional top 1%	Outstanding top 3%	Unusual top 10%	Good next 15%	Above average	Average or below	Inadequate opportunity to observe
Ability to 'get things done'							
Adaptability to new practices							
Emotional stability and maturity							
Growth you have seen							

3. How does the applicant stand when compared with their peers?

4. Please add in the space below any further comments which will complete the picture of the applicant's qualifications, mentioning weak as well strong points.

5. Please outline how the training will benefit the applicant and contribute to the goals of the CDPC trainer training programme.

Signed: _____

Date: _____

NOTES

Once you have completed this form, please send it as

1. an email attachment to: hayley.coristine@cdpc.ie and
2. a signed hard copy by post to the CDPC Office at the following address:

Room 1.B.10
Education House
NUI Maynooth
Co. Kildare
Ireland