



INDEPENDENT SERVICE PROVIDER REFERENCEE FORM

NAME OF SERVICE PROVIDER DATE

TYPE OF SERVICE:

N.B This form must be completed confidentially by the **Referee** and returned to the applicant in a sealed envelope with the referee’s signature across the seal.

Please place a tick (√) in the appropriate column to indicate your assessment of the applicant’s capabilities.

	Outstanding	Above Average	Average	Below Average	Not Known
Demonstrated Ability for learning					
Ability to express Him/Herself: Orally					
In writing					
Initiative					
Perseverance					
Ability to provide sound knowledge and advice					
Ability to work well within and lead a Team					
Ability to follow through with directives from individuals in Authority					
Potential of this Service Provider in efficiently executing duties					

ADDITIONAL COMMENTS:

.....
NAME: (Type or Print)

.....
SIGNATURE

.....
POSITION **ADDRESS** **&** **TELEPHONE #**