



Laidlaw  
College  
Te Wananga Amorangi

PROFESSIONAL REFERENCE FORM

**NOTE TO REFEREE**

The material in this reference is evaluative in nature, and hence cannot be accessed under the Privacy Act 1993, In other words this reference is confidential between the referee and Laidlaw College.

The applicant has consented to Laidlaw College gathering and holding this confidential reference concerning him/her, and using this reference in his/her application process and for the purpose of pastoral care and vocational guidance. For clarification purposes, we may follow up your reference form with a phone call.

REFEREE'S NAME: .....

Qualifications and Professional Membership/s .....

How long have you known the applicant? .....

In what capacity have you known the applicant? .....

Your level of knowledge of the applicant

Low

Medium

High

APPLICANT'S NAME: .....

**PERSONAL AND INTERPERSONAL SKILLS**

PLEASE INDICATE YOUR PERCEPTION OF THE APPLICANT ON THE FOLLOWING SCALE:

	Significant concern				Excellent
	1	2	3	4	5
Academic ability					
Writing ability					
Oral skills					
Organisational skills					
Interpersonal skills					
Perseverance					
Flexibility / adaptiveness					
Emotional maturity					
Self-reflective capacity					

PLEASE COMMENT CANDIDLY ON YOUR PERCEPTION OF THE APPLICANT

Ability to accept and make use of feedback and guidance as a means of growing professionally and personally: .....

Respect for others: .....

Ability to relate appropriately to a range of cultures: .....

Willingness to serve others:

Honesty and integrity:

Fit with Laidlaw's unique character as expressed in the Prospectus (prospectus available online at [www.laidlaw.ac.nz](http://www.laidlaw.ac.nz)):

What strengths do you think the applicant would bring to their chosen career?

### SUITABILITY FOR STUDY

Please use the space below to make your comments regarding the applicant, and your perception of the applicant's suitability for the programme:

Are you aware of anything that would lead you to hesitate recommending the applicant to work directly with children, young people, or people who may be vulnerable?

YES

NO

If yes, please provide details:

### FINAL COMMENTS

Based on your knowledge of the applicant, please indicate the level of your support for his/her application

NIL

RESERVED

MODERATE

STRONG

UNRESERVED

### DECLARATION

I confirm that the above information is true to the best of my knowledge

Signature:

Date:

Address:

Phone No: ( )

Mobile No:

Email:

Fax: ( )

Thank you for taking the time to complete this reference form. Please post the completed form to the appropriate campus (check with the applicant where he/she intends to study). If you have any questions or wish to talk to the College about any of the issues raised in this reference, please contact the appropriate campus. Contact details for each Campus are listed on the back cover.



POST YOUR COMPLETED FORM  
TO THE APPROPRIATE CAMPUS

**Auckland Campus**

*Admissions Coordinator*

Private Bag 93104

Henderson

Auckland 0650

New Zealand

Freephone 0800 999 777

Phone +64 9 836 7829

Fax +64 9 836 7801

Email [admissions@laidlaw.ac.nz](mailto:admissions@laidlaw.ac.nz)

**Christchurch Campus**

70 Condell Avenue

Papanui

Christchurch 8053

New Zealand

Phone +64 3 354 4270

Fax +64 3 354 4279

Email [chch@laidlaw.ac.nz](mailto:chch@laidlaw.ac.nz)