



EDUCATION AND SOCIAL WORK

EDSW-100

Faculty of Education and Social Work

Referee Report

ID number

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CONFIDENTIAL TO FACULTY OF EDUCATION AND SOCIAL WORK SELECTION PERSONNEL

Please complete this form and email it to: education@auckland.ac.nz

| | | |
|---|--|-----------|
| Referee's Name: | | |
| Referee's Contact Telephone Number: | Daytime: | Business: |
| Referee's Email: | | |
| Applicant's name: | | |
| Name of programme(s) applicant has applied for: | | |
| How do you know the applicant? | | |
| <i>Note that a family relative or a close friend cannot act as a referee.</i> | <input type="checkbox"/> If you do not consider you know the applicant well enough to complete this form, please tick box, sign and return. | |

Please show how well you know the applicant's work experience, abilities, attitudes and personal qualities, by checking the appropriate category.

| | THOROUGH KNOWLEDGE | GENERAL KNOWLEDGE | LITTLE KNOWLEDGE |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Work Experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abilities (Work and/or education) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you consider that the applicant has the skills and personal qualities to work with people as a teacher or social worker?

Yes No

Do you consider that the applicant can be trusted to work with children?

Yes No

If no, please provide a justification for your answer.

Would you be happy to have this person work with members of your family/whanau in a professional capacity?

Yes No

Have you ever had any reason to doubt the applicant's honesty?

Yes No

Do you know of any disciplinary or legal processes involving the applicant?

Yes No

If yes, please tell us what these processes are.

Please list three strengths that you believe the applicant brings to teaching/social work:

If there is anything else you think we should take into consideration in deciding whether or not the applicant is suitable for teaching or social work, please tell us below:

Please indicate your evaluation of the applicant in the areas listed below by checking the appropriate spaces.

| | |
|---|--|
| 1 | Eestablishes and maintains connection with people, demonstrating empathy, respect and genuineness. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 2 | Sensitivite to non-verbal communication Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 3 | Is open-minded, able and willing to examine his/her own beliefs and values. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 4 | Is aware of the impact of his/her actions and words on others. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 5 | Able to make decisions and to carry out plans without immediate support on others. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 6 | Is able to function well under pressure. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |
| 7 | Is aware of the impact of his/her actions and words on others. Low <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High or <input type="checkbox"/> Uncertain <input type="checkbox"/> No opportunity to observe |

Affirmation and Recommendation (please tick one box to indicate your overall recommendation)

I confirm that the information set out in this Referee Report is true and correct to the best of my knowledge, and I consent to the information supplied being used for selection processes for entry to the University of Auckland. I understand that I may be contacted personally concerning information supplied in this report.

Highly Recommended Recommended Not Recommended I would prefer to be contacted to discuss the applicant

Signature of Referee
or add initials if
sending via email

Date:

We thank you for agreeing to be a referee for this applicant, and for providing us with this information. Please send back this completed form promptly to the Faculty of Education and Social Work Student Centre by emailing it to **education@auckland.ac.nz**.