

GOVERNMENT OF SAINT LUCIA

Referee Form

NAME OF APPLICANT DATE

TITLE OF POST/TRAINING COURSE APPLIED FOR

POST/TRAINING COURSE No.

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 enter an X in the appropriate column to indicate your assessment of the applicant's capabilities.

Demonstrated Ability for Learning

Academic Potential

Ability to Express Himself/Herself : Orally
In writing

Initiative

Perseverance

Ability to Work Independently

Ability to get on with Colleagues/within a Team

Ability to get on with Instructors/Persons in Authority

Potential of this Applicant for Performing Effectively

Potential of this Applicant for Self Development and Advancement

| Outstanding | Above Average | Average | Below Average | Not Known |
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Further Comments :

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Signature

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Name (Type or Print)

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Position

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Address

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Telephone No.