

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

**Further Comments :**

.....  
*Signature*

.....  
Name (Type or Print)

.....  
*Position*

.....  
*Address*

.....  
*Telephone No.*