

**EMPLOYER REFERENCE FORM**  
**(Confidential)**

University of Victoria  
Master of Arts in Child and Youth Care Program  
PO BOX 1700  
Victoria BC V8W 2Y2  
Phone: (250) 721-7979 – Fax: (250) 721-7218

**To the Applicant:** Complete this section before sending this form to a referee of your choice.

**LAST NAME**                      **GIVEN NAMES**                      **PREVIOUS NAMES (IF APPLICABLE)**

**Phone #:** (    ) \_\_\_\_\_

**Relationship to Referee:** \_\_\_\_\_

**TO BE COMPLETED BY THE REFEREE:**

The above named applicant has applied to pursue a Master's in Child and Youth Care in the Faculty of Human and Social Development. Please provide a brief evaluation of the applicant in the following areas (feel free to use additional pages):

1. Organizational skills and leadership potential (e.g. problem solving):

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2. Ability to communicate orally and in writing:

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3. Ability to relate to:

(a) clients (e.g. children, youth, families, groups & community)

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(b) co-workers and allied professionals:

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4. Personal attributes (e.g. ability to deal with stress, emotional stability, flexibility and integrity):

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5. Please rate the candidate on the following specific criteria:

	Excellent	Above Average	Average	Below Average	No Basis for Judgement
Fosters Growth in Others					
Organizational Skills					
Problem-Solving Ability					
Inquisitiveness					
Self-directedness					
Written Communication Skills					
Oral Communication Skills					
Interpersonal Skills					
Reliability					
Emotional Stability and Maturity					

6. From your experience and knowledge of the applicant, what limitations or weaknesses need to be addressed by the applicant?

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7. Please indicate your recommendation of this applicant:

- Highly recommended
- Recommended
- Recommended with reservations
- Not recommended (specify reasons below)

Comments:

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**To be completed by the Referee:**

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Your position in relation to the applicant : \_\_\_\_\_  
 Position the applicant held: \_\_\_\_\_  
 Place of employment : \_\_\_\_\_  
 Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**To the Referee:**

The information on this form may be released to the candidate through Access to Information under the Freedom of Information and Protection of Privacy Act. If you wish it to be kept confidential, please mark it accordingly.

Please return this form to:

**Graduate Admissions and Records**  
 Main Floor, University Centre  
 University of Victoria  
 PO Box 3025 STN CSC  
 Victoria BC V8W 3P2