

BSc (Hons) Midwifery pre-registration (shortened) course

REFERENCE FORM 1 - RECENT CLINICAL EMPLOYER

Please post this Form to: Admissions, Room N201, University of West London, St Mary's Road, Ealing, London W5 5RF
OR alternatively fax to: 020 8231 2744

Applicant's name

TO BE COMPLETED BY THE APPLICANT

Course applied for

TO BE COMPLETED BY THE APPLICANT

The above has quoted you as a Referee in his/her application to the University of West London.

Thank you for taking the time to complete this reference.

As many candidates apply, selection is often difficult. Your comments will make a significant contribution to assessing the applicant.

Your comments will be treated in the strictest confidence. Please let us know if you would like this reference to be acknowledged.

Please tick

Yes No

How long have you known the applicant and in what capacity?

What do you consider to be the applicant's main strengths and weaknesses?

Strengths	Weaknesses

What is your overall opinion of the applicant's suitability for this course?

PTO

BSc (Hons) Midwifery pre-registration (shortened) course

REFERENCE FORM 2 - RECENT ACADEMIC

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REFERENCE FORM 1 - RECENT CLINICAL EMPLOYER

To help us further with our assessment of this candidate, it would be helpful if you would rank the applicant relative to his/her peer group eg, relative to other, similarly qualified employees, or to fellow undergraduates, or to fellow postgraduates.

Peer group for comparison:

Capacity % rating in peer group	Outstanding 95%+	Excellent 90%–94%	Very good 75%–89%	Good 60%–74%	Average	Below average	Not known
Intellectual/academic							
Fluent and logical communication							
Orally							
Written							
Ability to work hard							
Perseverance							
Leadership							
Creativity							
Social skills							

Is there any other information which you feel is relevant to this application?

Please continue on a separate sheet if necessary.

Name

Position

Address

Postcode

Telephone

Fax

e-mail

Signature

Date

REFERENCE FORM 2 - RECENT ACADEMIC

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