

STUDENT REFERENCE FORM

To: Joe MacEachern, Program Manager

Email: joe.maceachern@dal.ca

Due

4:30 pm May 15, 2017 (Antigonish, Sydney)

4:30 pm June 15, 2017 (Halifax)

_____ is applying to participate in one or more of the 2017 Indigenous Nova Scotian Health Sciences Summer Camps (Cape Breton University in Sydney, St. Francis Xavier University in Antigonish, or Dalhousie University in Halifax).

As a participant in this program, students will be exposed to a variety of health care professions and training programs through interactive, hands on programming.

Dalhousie's Faculty of Medicine Indigenous Health Program is organizing this camp and seeks your assistance in selecting students with the best fit for this program and appreciates your completion and return of this reference form.

Please share your impression and knowledge of the student by using specific examples where possible.

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

2. How would you describe the applicant's interaction when working with other students?

3. Please circle (or highlight if completing electronically) how you would evaluate the applicant's qualities/skills using this scale:

E = Excellent

G = Good

F = Fair

P = Poor

NK = Not Known

Interest in health/science	E	G	F	P	NK
Verbal Communication	E	G	F	P	NK
Respect for others	E	G	F	P	NK
Teamwork	E	G	F	P	NK

Willingness to learn	E	G	F	P	NK
Attendance	E	G	F	P	NK
Expression of ideas	E	G	F	P	NK
Motivation	E	G	F	P	NK
Attitude	E	G	F	P	NK
Enthusiasm	E	G	F	P	NK
Initiative	E	G	F	P	NK
Self-confidence	E	G	F	P	NK

4. What additional skills, abilities or attributes does that applicant have that would be helpful for us to know in making our selection?

5. Any additional comments you would like to share about the applicant?

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REFERENCE FORM
– IT IS TRULY APPRECIATED!**

Referee's Name: _____

Referee's email or phone: _____

Date: _____