

Referee’s Questionnaire form for the Paetahi Tumu Korero Bachelor of Counselling

(Note to Applicant: **Two** referee reports are required, preferably from a person who is well positioned to speak/write on your behalf. It is preferred that you do not use a family member or friend to act as a Referee.)

Referee’s Questionnaire for: (Applicant’s Name)

The above-named is in the process of applying for entry to study the Bachelor of Counselling at NMIT.

This programme consists of personal development, professional development and academic study. A person who enters this programme needs to have attributes which will ensure success in all the above.

Therefore, this questionnaire has two functions:

1. To assess the suitability of the applicant for entry to the Bachelor Counselling
2. To briefly identify likely areas for development over the period of study

Would you please complete this form and return via post or email:

Social Sciences
Nelson Marlborough Institute of Technology
Private Bag 19
Nelson 7042

The information will be retained in a personal file held at NMIT.

- | | | |
|---|--|--------|
| 1 | Do you want this information to be confidential to NMIT staff? | Yes/No |
| 2 | Do you know the applicant well enough to complete this form? | Yes/No |

If “yes” please continue. If “no” please return the questionnaire to the above address.

- 3 What is your relationship to the applicant and how long have you known this person?
(eg current employer, supervisor, Minister, Justice of the Peace, Kaumātua, Kuia etc)

- 4 What qualities do you appreciate in the applicant which suggests that s/he will make an effective practitioner and what abilities do you think they have that would help meet the challenges of a demanding Degree programme?

5 Do you have any reservations about the applicant's ability to meet the challenges of a demanding Degree programme?

6 Any further comments

7 Would you recommend this applicant to study and enrol in this Degree programme?

- Yes
- No
- Not sure

Thank you for your assistance and co-operation.

Referee's Name			
Referee's Signature		Date	
Telephone or Email Contact			