



St. John Ambulance
Bursary Award Program
 REFERENCE FORM

**CONFIDENTIAL
 WHEN COMPLETE**

TO BE COMPLETED BY PERSONAL REFERENCE PROVIDERS

Note to First Time Applicants:

A minimum of two written references are required and are an integral part of your Application Submission. One must be from an individual who has known you for the past five years and who can evaluate your job performance, educational aptitude and leadership potential. The other must be from the St. John Ambulance Community Service Officer or Director of Training. References must be provided on this approved Reference Form and must be signed and dated.

Deadline for receipt of *completed* Application Submissions is MARCH 15th at the following location:

**St. John Ambulance Provincial/Territorial Council or
 Special Centre**

If faxing or e-mailing application, **ORIGINAL DOCUMENTS MUST BE RECEIVED** at your Provincial/Territorial Council or Special Centre office within one week of the deadline. Incomplete application submissions **WILL NOT BE FORWARDED TO NATIONAL OFFICE FOR CONSIDERED.**

PRIVACY STATEMENT

St. John Ambulance is committed to your privacy. The personal information that is provided within this reference form will be used to determine your eligibility for a bursary award. Following the notification to the selected candidates of their application status, the information of those individuals selected will be retained at St. John Ambulance National Office for a period of 10 years. The information of those individuals who were not eligible will be destroyed within two years following the issuance of notification. To have access to the information provided, please contact the Awards Program Coordinator at St. John Ambulance National Office, 400-1900 City Park Dr., Ottawa, Ontario K1J 1A3. For further information about St. John Ambulance's Privacy Policy, please contact our Privacy Officer at the address above or by email at privacyofficer@sja.ca.

I, _____ hereby agree to the release of the information contained within this Reference Form for the purposed of serving as a reference in my application for a St. John Ambulance Bursary Award.

 Date

 Candidate's Signature

CANDIDATE'S NAME:	
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Please rate the applicant on the following items by a numeric score of 1 to 5 based on the level of accomplishment usually expected.

1. Poor
2. Below average
3. Average
4. Above average
5. Outstanding
- X. Inadequate knowledge to rate.

	SCORE
A. Interest in helping others as a nursing professional.	
B. Dedication and attention to duty.	
C. Intellectual ability.	
D. Reliability.	
E. Stress tolerance and flexibility.	
F. Originality and initiative.	
G. Emotional maturity.	
H. Oral expression.	
I. Written expression.	
J. Teaching ability.	
K. Shares ideas.	
L. Works effectively with others.	
M. Sets goals and perseveres to achieve them.	
N. Establishes good public relations.	
O. Leadership potential.	
P. Potential for distinguished achievement.	

Based on your knowledge of this candidate, describe outstanding or limiting characteristics which you consider of special significance.

Do you recommend this candidate for a bursary award?

- without reservation
- with reservation but feel that she/he should be given a chance, because

I do not recommend this candidate, because

CANDIDATE'S NAME:	
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How long have you known this candidate? _____ years

In what capacity? _____

Would you employ this candidate?

Yes

No

REFERENCE PROVIDER INFORMATION

References may not be changed or amended following submission to candidate's Provincial/ Territorial Council or Special Centre office. All submissions are final. As required, Reference Providers may be contacted during the review of the application by the selection committee to clarify and/or confirm information provided.

YOUR NAME		TITLE	
ADDRESS			
HOME TEL.		WORK TEL.	
E-MAIL			

I certify that the statement I have made is true to the best of my knowledge and that I make this reference without force.

SIGNATURE

DATE