**Reference for admission to a Postgraduate Programme**

**Academic Reference**

**Programme of study: Postgraduate Diploma in Midwifery (90-week programme for Registered Nurses)**

**Applicant’s name:**

**Instructions for the applicant and referees**

**To the applicant:** Please complete this reference form with your programme of study and your full name. This form should then be forwarded to your referee. Upon receipt of the completed, sealed references please bring them in to the Selection Day if you are shortlisted.

**To the referee:** The above named person has applied to be admitted to a postgraduate programme at City, University of London and has given your name as a referee. We would be most grateful if you would provide us with a reference on the applicant’s academic and general ability to undertake the proposed Programme of study named above. Please complete the questions on this form or attach a written statement of reference on letter headed paper. Your reply will be treated in confidence by the University.

**Important:** Please place the reference in an envelope which should be sealed, signed across the seal and the signature covered with clear tape to ensure confidentiality. The envelope should then be returned to the applicant who will forward it to the University.

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

2. What do you consider to be the applicant’s main strengths and weaknesses?

3. Bearing in mind the specialism chosen, what is your opinion of the applicant’s suitability for this programme?

4. Is there any information which you feel is relevant? (e.g. expected examination results, if appropriate) Please continue on a separate sheet if necessary.

5. Please rate the applicant with respect to the following categories:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Outstanding**  **(top 5%)** | **Above**  **average** | **Average** | **Below Average** | **No. of students in group** |
| Academic potential |  |  |  |  |  |  |
| Analytical ability |  |  |  |  |  |  |
| Originality |  |  |  |  |  |  |
| Capacity for fluent and logical communication | Oral |  |  |  |  |  |
| Written |  |  |  |  |  |
| Diligence | |  |  |  |  |  |
| **OVERALL RATING** | |  |  |  |  |  |

**Name and Position:**

**Institution stamp (if unavailable please provide a compliment slip or sample of headed paper).**

**Address:**

**Telephone:**

**Email:**

**Referee’s signature:**

**Date:**

Relationship to applicant

Number of years known applicant