

Referee Report

CONFIDENTIAL

Mount St
Bernard College

Let Your Light Shine



This form, plus attachments, must be returned to:

Principal's Assistant
Mount St Bernard College
P.O. Box 14
HERBERTON 4887

Closing date for receipt of application:

____/____/____

Candidate's Name:

Candidate's Residential Address:

_____ Postcode: _____

Referee's Name:

Relationship to candidate:

Please indicate with a tick your assessment of the candidate's following personal qualities:	Personal Qualities	Outstanding	Very Good	Good
	Appearance			
	Behaviour			
	Courtesy			
	Punctuality			
	Reliability			
	Integrity			
	Maturity			

Please write a paragraph outlining further details of the above, and any other personal qualities upon which you wish to comment.

Please comment on the applicant's record in the following areas, giving actual examples where possible:

LEADERSHIP:

RELATIONS WITH OTHERS:

RESPONSIBILITY:

ADAPTABILITY:

SPORTSMANSHIP:

INDEPENDENT ACTIONS:

SERVICE TO OTHERS:

INVOLVEMENT OUTSIDE SCHOOL:

Date: _____ / _____ / _____ Signature _____

Feel free to use extra sheets if there is insufficient space.