

# achieve Reference Form

This form should be completed in BLOCK CAPITALS and returned (along with any supporting documentation as required) to RDI, Midland Management Centre, 1A Brandon Lane, Coventry CV3 3RD, England.

## SECTION 1

To save this form, you will require Adobe Acrobat 7 or above.

### TO BE COMPLETED BY THE APPLICANT

This is one of two Reference Forms provided with your Application Form. Please complete this section before forwarding one form to each of your two referees, requesting that they complete Section 2 and a written reference on the reverse side, and return the form to RDI. Please note it is your responsibility to provide RDI with references. RDI is unable to organise references on your behalf. Your referees must be people you know in an academic or professional capacity, not a personal one. References from friends or relatives are not acceptable. References should be current and relate specifically to the course applied for.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

### INTAKE DATE

### COURSE APPLIED FOR

### AWARDING BODY

Commencing in: MM   YY

### Reason for Application

In order to help your referee provide an accurate reference, please give a brief description of your reasons for wishing to pursue the above course. This can be the same statement used on your application form.

## SECTION 2

### TO BE COMPLETED BY THE REFEREE

The above-named is applying for admission to the above programme of study and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed course of study. When commenting on his/her academic/working performance please give, if possible, the applicant's class ranking/working position. If an exact position cannot be given, indicate the quartile in which you believe he/she has performed.

Please complete this form on the following page and return to RDI. Thank you for providing a reference.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

Relationship to Applicant:

Address:

Telephone:

Fax:

email:

# Reference

Applicant's Name

TO BE COMPLETED BY THE REFEREE

Please provide a brief assessment of the applicant's suitability to study the course applied for.

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

2. Please discuss the applicant's strengths and weaknesses, with particular reference to suitability of the course applied for.

3. Please provide a brief statement regarding each of the following:

a. Dedication and commitment

b. Organisational skills

c. Interpersonal skills

d. Time Management skills

e. Reliability

4. Any other comments

Signature of Referee

Date