

**Studies in Policy and Practice in Health and Social Services  
Faculty of Human and Social Development  
University of Victoria**

**EMPLOYER REFERENCE FORM  
(Confidential)**

To the Applicant: Complete this section before sending this form to a referee of your choice.

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Applicant's Surname	Given names (underline one used)	Previous name
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Phone #:	E-mail:
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**TO BE COMPLETED BY THE REFEREE:**

The above-named applicant has applied to pursue a Master's degree in Studies in Policy and Practice in Health and Social Services (SPP for short. Please provide a brief evaluation of the applicant in the following areas (feel free to use additional pages):

1. Among the program objectives in SPP are the development of curiosity in the analysis of problems and interest in discovery of how policy, organizational structures and professional rules affect practice. Comment on how this applicant reflects on problems s/he encounters in practice. Is s/he self-critical? Is s/he aware of broader implications of local problems?

Please give an example:

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2. Ability to communicate orally and in writing:

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3. Considering the implications of power relations in the human services and querying the meaning of difference among practitioners, clients and various communities is an important theme of the SPP Program. Comment on this applicant's level of awareness of this issue and their commitment to working towards equity. Please give an example that demonstrates such awareness and commitment.

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4. Comment on the applicant's personal attributes (e.g. ability to deal with stress, emotional stability, flexibility and integrity):

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5. From your experience and knowledge of the applicant, what limitations or weaknesses need to be addressed by the applicant?

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6. Please indicate your recommendation of this applicant:

- |   |   |
|---|---|
| Highly recommended                      | G |
| Recommended                             | G |
| Recommended with reservations           | G |
| Not recommended (specify reasons below) | G |

Comments:

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**To be completed by the Referee:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Your position in relation to the applicant: \_\_\_\_\_

Length of time you knew the applicant: \_\_\_\_\_

Position the applicant held: \_\_\_\_\_

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Place of employment: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Graduate Advisor  
Studies in Policy and Practice  
Faculty of Human and Social Development  
University of Victoria  
P.O. Box 1700  
Victoria, B.C. V8W 2Y2