



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 15<sup>th</sup>** at the St. John Ambulance Provincial/Territorial Council office.

If faxing or e-mailing application, **ORIGINAL DOCUMENTS MUST BE RECEIVED** at your Provincial/Territorial Council 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](mailto:privacyofficer@sja.ca).

**INFORMATION RELEASE**

I \_\_\_\_\_ hereby agree to the  
 (PLEASE PRINT)  
 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.

\_\_\_\_\_  
 CANDIDATE'S SIGNATURE

\_\_\_\_\_  
 DATE

**REFERENCE PROVIDER INFORMATION**

<b>NAME</b>		<b>TITLE</b>	
<b>ADDRESS</b>			
<b>HOME TEL.</b>		<b>WORK TEL.</b>	
<b>E-MAIL</b>		<b>CELLULAR</b>	

References may not be changed or amended following submission to candidate's Provincial/Territorial Council 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.

<b>CANDIDATE'S NAME:</b>	
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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          | 4 | Above average                |
| 2 | Below average | 5 | Outstanding                  |
| 3 | Average       | 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.

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Do you recommend this candidate for a bursary award?

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

How long have you known this candidate? \_\_\_\_\_ Years

In what capacity? \_\_\_\_\_

I do not recommend this candidate, because

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Would you employ this candidate?  Yes  No

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

_____	_____
REFERENCE PROVIDER'S SIGNATURE	DATE