REFERENCE FORM

(Community, Education, or Employment)

| Applicant name: | |
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| Reference name: | |
| Organization: | |
| Position: | |
| Telephone: | |
| Email: | |
| How long have you known the applicant? | |
| In what capacity have you known the applicant? | |
| Please respond to the following: 1. Please describe those skills that you believe the applicant possesses that will assi in successfully completing a social work education program. (For example, your describe the applicant's skill level in such areas as interpersonal communication, and time management) | may |

| 2. | Please describe in what ways you believe that the applicant is suited to the profession of social work. |
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| 3. | Please comment, as applicable, upon the applicant's past or potential contributions to social work practice with Indigenous peoples. |
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| Sig | nature: Date: |

Ensure that the <u>subject line</u> of the email states the following information:

Social Work Program Application: References for FirstName LastName and include either ISWD or IBSW

Send to: Registrar@ytced.ca

^{*} Please email by **April 15, 2021**