

Reference form for MA candidates

Candidate information:

First name _____ : Last name _____ ID number: _____

For the referee

Your name has been given by Mr/Ms _____ as a referee for their application to study an MA in the dept. of community mental health in the university of Haifa. Please complete this form in order to help us evaluate the skills and abilities of the candidate in order to assess their suitability for the MA course. This reference will be kept completely confidential

A) You know the candidate:

- well
- reasonably well
- a little

B) What is the basis for your evaluation of the candidate?

Course/seminar, research assistant, teaching assistant, supervision, other _____

C) If I was to compare to the candidate to others who are or were employed in the same role (other employees conducting fieldwork, working in the same organization, other people I supervise, etc.

- Better than 90 % of others
- Better than 75% of others

Please rank the candidate according to a number of characteristics and skills. Every characteristic should be ranked on a five-point scale. Please circle the appropriate number. Please also indicate how confident you are of your evaluation of the candidate for each characteristic.

Characteristics and skills	confidence level				evaluation				
	No basis for evaluation	Low	Medium	High	Less than moderate	moderate	good	very good	excellent
Analysis and integration skills	0	1	2	3	1	2	3	4	5
Systematic scientific thinking	0	1	2	3	1	2	3	4	5
Interest and involvement in research	0	1	2	3	1	2	3	4	5
Independence of thought, originality	0	1	2	3	1	2	3	4	5
Skills in expression	0	1	2	3	1	2	3	4	5
Motivation and persistence	0	1	2	3	1	2	3	4	5
Emotional maturity	0	1	2	3	1	2	3	4	5
Empathy and sensitivity to the other	0	1	2	3	1	2	3	4	5
Openness to criticism and different opinions	0	1	2	3	1	2	3	4	5
Ethical behavior	0	1	2	3	1	2	3	4	5
responsibility	0	1	2	3	1	2	3	4	5
stability	0	1	2	3	1	2	3	4	5
ability to work in a team	0	1	2	3	1	2	3	4	5

Date _____

Full Name _____

Institution/organization _____

Role _____

Signature _____

The form will be sent by the reference directly to:

The administrator's of the department of community mental health

University of Haifa

Mount Carmel, 3190501