



## MSC GERONTOLOGY NURSING PROFESSIONAL REFERENCE FORM

Programme Applied for: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

### To the referee:

Dear Sir or Madam,

I would be grateful if you would complete this form to provide a reference for the applicant above. No final decision can be made concerning this application until references are received, so I would be grateful for your urgent attention to this request. Please return form to the candidate as it is his/her responsibility to upload this reference onto their UCD application form.

Yours sincerely,

**Dr Timmy Frawley**  
**Associate Dean for Taught Graduate Studies**

Please give your assessment of the applicant's suitability for the programme with regard to all of the **following 6 categories**.

### 1. Quality of decision making:

**2. Initiative:**

**3. Ability to work without direct supervision:**

**4. Sensitivity to and tolerance of others:**

**5. Attendance:**

**6. Other abilities you think will support the candidate in this application: All information will, of course, be treated with strict confidence.**

Referee name: \_\_\_\_\_

Referee signature: \_\_\_\_\_

Position of Referee: \_\_\_\_\_ Date: \_\_\_\_\_

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