



UCD School of
Nursing, Midwifery
and Health Systems

PROFESSIONAL REFERENCE FORM

Programme Applied for: **National Foundation Education Module in Critical Care Nursing**

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,

Professor Philip Larkin

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: _____