



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

of the NATIONAL HEALTH LABORATORY SERVICE



NICD

Practice No. 5200768

Phone: 27 11 386 6300
Fax: 27 11 882 0596
Email:
Internet : <http://www.nicd.ac.za>

Private Bag X4
Sandringham 2131
South Africa

REFERENCE FORM

Reference for an applicant requesting admission for attending the SA FELTP 2-year residency program in Applied Field Epidemiology, 2010/2011

Applicant's name (in full): _____

1. How long have you known the applicant?

2. How well and in what capacity do you know the applicant?

3. Please rate the applicant in terms of the following:

	Unable to Judge	Poor	Average	Good	Exceptional	Out Standing
Professional experience						
- Leadership						
- Initiative						
- Creativity						
English language ability (if not a native speaker of English)						
- Speaking						
- Writing						
- Reading						
Personality						
- Attitude to work (can work under pressure)						
- Study habits						
- Human Relation						
Adaptability						

4. What are the applicant's special academic strengths and weaknesses?

5. Has the candidate been directly involved in the conduct of research projects or monitoring/evaluation of population, health or nutrition programs. If so, please cite examples and provide your assessment of the candidate's performance in his/her capacity.
