

# University of Otago Fofoa Accommodation Award Referee Form



This form is to be completed by a third party who can provide independent comment to assess the applicant's suitability for receiving a Fofoa Accommodation Award. It should be completed by a Community Leader (e.g. Church, Youth Group etc.), Teacher, Coach who can give fair unbiased feedback about the applicant. Family members should not act as referees on behalf of the applicant.

All comments provided on this form are confidential to the selection committee and will not be shared with applicant.

Completed forms must be submitted to the Pacific Islands Centre via email the address: [fofoa@otago.ac.nz](mailto:fofoa@otago.ac.nz) no later than 18 **November 2023**.

## SECTION A: STUDENT TO COMPLETE

Surname:   
First Names:   
Date of Birth:   
University of Otago Student ID Number:

## SECTION B: REFEREE TO COMPLETE

Surname:   
First Names:   
Relationship to applicant: *e.g. teacher*   
Contact Phone Number:   
Email Address:   
How long have you known the applicant?

**Please provide comments on the following questions in relation to the applicant in terms of their suitability to be considered for a Fofoa Accommodation Award:**

How would you describe the applicant's attitude towards study?

  
  
  
  

How would you describe the applicant's academic abilities?

How would you describe the applicant's ability to adapt or change to new situations?

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Give us an example of this applicants engagement within the community?

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Are there any specific needs or support services that the applicant might require?

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Any other recommendations you would like to make regarding this applicant:

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**Privacy**

This reference is being requested on the understanding that it will remain confidential to those concerned with considering applications for the Fofoa Accommodation Award and will not be used for any other purpose. The Official Information Act 1982 and the Privacy Act 2020 provide protections for evaluative material and the University will decline to release or allow access to such material when requested by other parties to the full extent authorised by those provisions.

Please securely dispose of any electronic or hardcopy versions of this form once you have completed your reference(s).

**Declaration**

I declare that this information is true and correct and is provided to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_