

Common Confidential Reference Form

Admission to University of Otago Accommodation

SECTION A: APPLICANT TO COMPLETE					
Legal Surname/Family Name		Year applying for			
First/Given Name(s)		Gender	Male	Female	
		Date of Birth	Day	Month	Year
SECTION B: REFEREE TO COMPLETE Pleas For first round of offers this form should be cor		e University of Otago	, Student Accom	modation Centre	
Note: This form is important in the selection pro	ocess. Full and frank comment	ts are appreciated.			
1. Please make appropriate comments and the	en mark box with one of: 1 = 0	Outstanding, 2 = Abov	ve Average, 3 = A	verage, 4 = Below	Average, 5 = Poor
Attitude to independent study/self discipline/time management skills					(1-5)
Ability to relate to/show concern for others					(1-5)
Personal behaviour and maturity level (including alcohol and drug abuse)					(1-5)
Self confidence/self reliance/adaptability to new situations					(1-5)
Academic ability					(1-5)
2. Are there any concerns/special needs that (e.g. health problems, anxiety, depression, home site			ort can be provi	ded?	
3. This candidate's suitability for tertiary acco	mmodation:				
Highly Recommended Recommended	Recommended with R	eservations	Other		
4. General comments – if you require addition	nal space for your comments	s, please write on the	e other side of th	nis page	
5. Referee					
Name		Signature			
Position/Relationship to applicant					
School/Organisation Name					
Phone	Email		Date		
This reference is being requested on the understandir specified by the applicant and those who may subsequent formation Act 1982 and the Privacy Act 1993 provide requested by other parties to the full extent authorises.	uently be entrusted with the applice protections for evaluative materi	cant's pastoral care, and	will not be used fo	r any other purpose.	The Official

University of Otago | Student Accommodation Centre | PO Box 56 | Dunedin 9054 | New Zealand | Tel 64 3 479 5100 This document may be scanned and emailed to: accommodation@otago.ac.nz