



Confidential Reference Form

The Andrea Thompson Bursary (valued at \$1000.00), will be granted to individuals who are pursuing professional pre-hospital emergency care paramedicine education (PCP) enrolled at Medavie HealthEd. The successful candidates will be individuals who exemplify outstanding leadership abilities, and a commitment to excellence in all they do – academic, extra-curricular and community service pursuits. The successful candidates must also demonstrate a strong personal commitment to community activities and be able to articulate a vision for what they would like to contribute in the future. Financial need and solid academic performance will also be taken into consideration.

Please print legibly or you may reproduce this form on computer (max. length – 4 pages; min. font 11pt)

Reference form for: _____
Name of Applicant

I have known this candidate for _____ years. In what capacity?

Please rate the applicant on the following characteristics and aptitudes using the scale provided below. Consider the level of accomplishment usually expected in this level when completing this section.

- 1. Poor
- 2. Below Average
- 3. Average
- 4. Above Average
- 5. Outstanding
- ___ Inadequate knowledge to rate



Andrea Lynn Thompson
Paramedic Bursary

- ___ Interested in the Paramedic field as a Profession
- ___ Knowledge and Understanding of the Paramedic Field
- ___ Leadership
- ___ Intellectual
- ___ Initiative
- ___ Emotional Maturity
- ___ Communication Oral
- ___ Communication Written
- ___ Shares Ideas
- ___ Works effectively with others
- ___ Preservers to achieve goals
- ___ Establishes good public relations
- ___ Potential for achievement

Other:

___ _____
___ _____

Based on your knowledge of this candidate, please describe any outstanding characteristics that you consider to be of special significance.

Based on your knowledge of this candidate, describe any limiting characteristics that you consider to be of significance.



Andrea Lynn Thompson
Paramedic Bursary

Would you employ this candidate? Yes _____ No _____
Why or why not?

The Selection Committee may wish to contact you to conduct a telephone interview to clarify or discuss information provided through this form.

Please Print Name

Signature *Date*

Address

City *Prov.* *Postal Code*

Phone *Fax* *E-Mail*

This form is to be mailed directly in a sealed envelope to the Scholarship Committee:
Medavie HealthEd
50 Eileen Stubbs Ave, Suite 154.
Dartmouth, NS B3B 0M7