FORM B: One-Year Honours Bachelor of Social Work Reference Form 1

Name of Applicant:					
How long have you					
known the applicant?					
In what capacity have you known the applicant?					
арриоши					
Selec	ct the score for each ques		epresents the	applicant	
		Excellent (4)	Average (3)	Fair (2)	Poor (1)
Maturity and professiona					
Ability to work independe					
Demonstrates ability to d	communicate effectively				
Openness to feedback					
Responsible and reliable					
Demonstrates sensitivity and understanding Is self-aware and reflective regarding the impact					
of own behavior on othe	rs				
Values the worth, dignity individuals					
Ability to navigate stress					
Ability to establish positi	ve working relationships				
Potential for leadership					
Ability to resolve conflict	in a professional manner				
You may cho	ose to attach a separate l	etter of referen	ce or provide	comments	below.

	Your Information
Full Name	
Title/ Position	
Litle/ Position	
Title/ T Osition	
Title/ F Osition	
Organization	
Organization	
Organization	
Organization Phone	
Organization	
Organization Phone Email	
Organization Phone Email	
Organization Phone Email Signature/ Electronic	
Organization Phone Email	
Organization Phone Email Signature/ Electronic Signature	
Organization Phone Email Signature/ Electronic	
Organization Phone Email Signature/ Electronic Signature	
Organization Phone Email Signature/ Electronic Signature	

Please email this completed form (and letter or other attachments, if applicable) to the School of Social Work at social.work@lakeheadu.ca by December 16, 2024.