FORM B: Third Year of the Honours Bachelor of Social Work Reference Form 2

	T				
Name of					
Applicant:					
How long have					
you known the					
applicant?					
прричини.					
In what capacity					
have you known					
the applicant?					
the applicant:					
Selec	t the score for each que	estion that best r	epresents the	applicant	
		Excellent (4)	Average (3)	Fair (2)	Poor (1)
Maturity and profession	onal conduct	` '	U ()	` ′	, ,
Ability to work indepe					
Demonstrates ability	to communicate				
effectively					
Openness to feedbac	k				
Responsible and relia	able				
	vity and understanding				
Is self-aware and refl					
impact of own behavi					
	nity and diversity of all				
individuals					
Ability to navigate stre	essful situations				
Ability to establish po	sitive working				
relationships	onive working				
Potential for leadersh					
Ability to resolve conf	lict in a professional				
manner					
You may cho	ose to attach a separate	letter of referen	ce or provide	comments	helow
Tou may one	ose to attach a separate		oc or provide	Comments	DOIOW.

	Your Information
Full Name	
Title/ Position	
Title/ Position	
Title/ Position Organization	
Organization	
Organization Phone	
Organization	
Organization Phone	
Organization Phone Email	
Organization Phone Email Signature/ Electronic	
Organization Phone	
Organization Phone Email Signature/ Electronic	
Organization Phone Email Signature/ Electronic Signature	
Organization Phone Email Signature/ Electronic	
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.