

# OTAGO MASONIC CHARITABLE TRUST

To Accompany the Application Form for the Youth Development Programme

## SCHOOL REFERENCE

Any associate may complete this form other than a Family member

### REFEREE DETAILS

**2023**

REFEREES FULL NAME .....	
POSTAL ADDRESS .....	
..... Post code .....	
Telephone .....	Mobile .....
Email .....	

### APPLICANTS NAME

Applicants Full Name .....
----------------------------

### RELATIONSHIP WITH APPLICANT

At School how are you associated with the Applicant?: .....
Are there any issues preventing you from commenting objectively on the Applicant's character ? <span style="float: right;">YES NO</span>

Has the Applicant been <b>unable</b> to attend similar out of school activities?    YES    NO
If not, Why ?

<b>GENERAL COMMENT</b>
<p>If you require more space, please attach further pages to this form Or you may wish to provide a separate letter .</p>

Please tick ✓ the most appropriate box regarding applicant's abilities:

	Excellent	Very Good	Good	Poor	Don't Know
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information and opinion you provide on this form will only be used to assess the suitability of the Applicant for this Youth Development Outdoor Education course, and nothing else.

**GUIDELINES:** In this Character Reference, the Trust Selection Committee is looking not only for general background information about the Applicant, but also information to ensure that they will contribute to the Outdoor Education experience in a positive and meaningful way. An indication of why the Applicant is deserving will help the Trust. We would also like to hear about any reservations or perceived weaknesses in the Applicant that you may have. This will not necessarily affect their acceptance for this programme, as this course is designed to aid in the personal growth and development of participants.

Thank you for your assistance.

*If there is any other information which you think the Otago Masonic Charitable Trust, or the course providers 'Peel Forest Outdoor Centre', should know or be aware of. If so Please feel free to contact the Trust Secretary at any time, in full confidentiality.*

#### DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signature ..... Date .....

Name: (Please print) .....

PLEASE FORWARD DIRECT TO THE TRUST SECRETARY;  
4 Kipling St, Waverley, Dunedin. or email to; [info.omct@xtra.co.nz](mailto:info.omct@xtra.co.nz)

We will be unable to process the Application until we receive this Reference.

For more information, please contact the Trust Secretary;  
027 2213526 or email [info.omct@xtra.co.nz](mailto:info.omct@xtra.co.nz)