

SOCIAL SERVICE WORKER DIPLOMA INDIGENOUS FOCUS

PROFESSIONAL REFERENCE FORM

Two recent, satisfactory letters of reference from employers, teachers, or volunteer supervisors who are qualified to comment on the applicant's ability to work in culturally safe ways with Indigenous peoples in social service settings.

Applicant's Name: _								
An applicant to the Social Service Worker diploma - Indigenous Focus program at the University of the Fraser Valley is requesting a confidential reference from you regarding their suitability to work in culturally safe ways with Indigenous peoples. This reference will not be released to the applicant. However, you may provide the applicant with a copy if you choose.								
Please complete both pages of this form.								
1. In what capacity and for how long have you known the applicant?								
2. What is the applicant's potential for and commitment to working in culturally safe ways with Indigenous peoples?								
☐ Excellent	☐ Very good	Good	☐ Fair	Poor				
How has the applicant	demonstrated this co	mmitment?						
3. How would you characterize the applicant's interpersonal skills?								
_	_	. s interpersonal ski		_				
Excellent Please comment.	☐ Very good	Good	☐ Fair	Poor				
4. How would you sha	ractoriza the applicant	's ability to work in	rospostful ways w	ith diverse populations?				
4. How would you clia	_			_				
Excellent Please comment.	☐ Very good	Good	☐ Fair	Poor				



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5. If this person worked for or alongside you, please describe the type of work they did.								
Paid Practicu	n 🗌 Volunteer							
From (month/year)	to (month/year)	Total hours:						
Description of work:								
6. How would you describe the applicant's overall suitability to work as a Social Service Worker with Indigenous peoples?								
Excellent Very goo		Fair Poor	itii maigenous peoples.					
	d ☐ G00d							
Please comment:								
i ieuse comment								
7. What reservations, cautions, or concerns do you have regarding the applicant's abilities?								
8. Please add any additional comments you would like or attach a separate letter on letterhead.								
Please complete the following:								
Referee's name		Position						
Organization		Email						
Organization								
Address								
Phone	Signature (Digital signature, if ava	ailable, is acceptable)	Date					
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SUBMISSION INSTRUCTIONS:

Do not return this completed form to the applicant. It must be emailed directly to admissions@ufv.ca

Protection of Privacy

The personal information on this form is collected under the authority of the University Act and in accordance with the Freedom of Information and Protection of Privacy Act. It will only be used for the purpose of evaluating applications for admission to Human Services programs at UFV. Direct any questions about this collection to the School of Social Work and Human Services at schoolofswhs@ufv.ca or visit www.ufv.ca/informationprivacy.