

REFEREE'S AFFIDAVIT

Title	Last Name / Surname	First Name	Middle Initial(s)
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Address

Telephone (H)	Telephone (W)	Email Address
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In what capacity are you signing?	Name of Employer/Business
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Name of STUDENT being recommended	Student ID #
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Student Email Address

How long have you known him/her?	Year(s)	Month(s)
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What do you know of the applicant's family?

To your knowledge, is this person experiencing financial difficulties? Yes No

Would you regard the applicant as someone with integrity? Yes No

Would you recommend this person for a scholarship to undertake a NABCEP Training Course?
Yes No

I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.

Signed _____ Date (dd/mm/yyyy)

Note:
 This form should be completed by the following persons: Senior members of The UWI/HEART NSTA Academic and Professional Staff (e.g. lecturer), student Services and Development Managers, UWI/HEART NSTA Counsellors (Health Centre), Justices of the Peace, Ministers of Religion, High School Principals/Vice Principals/Guidance Counsellors.

Referees must know the applicant for at least two (2) years and should be able to attest to the information provided by the applicant. Completed forms should be emailed to physics@uwimona.edu.jm .