**RCPSG Postgraduate Diploma in Travel Medicine**

Reference Form

To be completed by each of the applicant’s referees.

You have been selected to provide a reference for an applicant who has applied for the Postgraduate Diploma in Travel Medicine qualification.

Please complete the following information and return it to the applicant at your earliest convenience. Failure to respond may delay the application process, as the applicant is required to provide this along with their application form before being accepted onto the course.

Applicants are asked to provide references from individuals who can confirm their suitability for this programme and their professional status and/or academic ability. It is expected that at least one referee will be in a position to validate the applicant’s academic ability to undertake a course at Postgraduate Diploma level. Further information on the course can be obtained from the College website ([www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)) or by emailing [PGDipTravelmed@rcpsg.ac.uk](mailto:PGDipTravelmed@rcpsg.ac.uk).

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| **APPLICANTS DETAILS** | |
| Please state the name of the applicant you are providing this reference for: | |
| How long have you known the applicant? | |
| **REFERENCE TYPE** | |
| Please tick which type of reference you are providing: Employer  Professional  Academic  Other  If other, please specify: | |
| **REFERENCE STATEMENT** | |
| Please describe in your own words, how you consider the applicant to be suitable for a position on the Postgraduate Diploma in Travel Medicine programme. | |
|  | |
| **Please rate the applicant on the following points:** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Excellent** | **Very good** | **Good** | **Poor** | | |
| Ability to organise own work | |
| Ability to formulate thoughts and ideas | |
| Motivation and enthusiasm | |
| **DECLARATION** | |
| I confirm, to the best of my knowledge that all the information given on this form is a true statement of fact. | |
| Signature of Referee: | Name of Referee (Please print): |
| Date: | E-mail: |
| Telephone (Mobile): | Telephone (Other): |