

Capital College

4400 Hazelbridge Way Unit 540, Richmond, B.C. Canada V6X 3R8
TEL: (604) 270 – 7426

www.capitalcollege.ca
FAX: (604) 270 – 7476

E-mail: info@capitalcollege.ca

REFERENCE LETTER

Name of Applicant:	
Surname	Given Names
To the Referee:	
Your name:	Relationship to the applicant:
Address:	
Phone number:	
	Program . We appreciate your comments on each of the following vered by the questions and to exceed space limitations whenever you think necessary.
1. In what capacity, how well, and ho	w long have you known the applicant?
2. Please comment on the applicant's	strongest points.
3. Please comment on the applicant's l	knowledge and experience of child care skills and abilities.
4. Please comment on the applicant's	communication skills.
5. Please comment on the applicant's	ability to work with others, in a group or a team.
Signature	Date Signed