

WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS

27th June - 8th July 2016

CONFIDENTIAL

REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Name of applicant _____

The candidate named above has applied for the *Regional Workshop on Monitoring and Evaluation of Malaria Programs*. The workshop has been designed to build the capacity of professionals with skills on monitoring and evaluation of malaria programs. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. **Under no circumstances should the completed form be returned to the applicant.** References should be received by **April 17, 2016** at the following email address:

Edith Tetteh, Workshop Coordinator
School of Public Health
University of Ghana
E-mail: M.E.Malaria@gmail.com
Phone: +233 249 410336, +233 233 410336

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant? _____

2. How well and in what capacity do you know the applicant?

3. Please rate the applicant in terms of each of the following (*one checkmark for each row*):

	Exceptional	Well above Average	Above average	Average	Below average	Unable to judge
Leadership						
Creativity						
Initiative						
Professional Experience						
English language ability (if not a native speaker of English)						
Self-expression						
Overall intellectual ability						

4. What are the applicant's academic/professional strengths and weaknesses?

5. What opportunities will the applicant have to apply the skills learned at the workshop ?

6. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.

7. Please describe one or two activities relevant to the Monitoring and Evaluation in which the applicant has participated and indicate his or her role in those activities.

8. Do you recommend the applicant for this workshop on Monitoring and Evaluation of Malaria Programs?

Recommend highly	Recommend
Recommend with reservation	Do not recommend

9. Any additional comments?

I (*Name*) _____ certify that the above information is true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application, withdrawal of offer of admission or, if a fellowship has been awarded, for the termination of the fellowship.

Date _____

Position/Title (*Please print.*) _____

Complete email and phone numbers

