



St Francis' College of Natural Animal Health Ltd.

PO Box 642, Orewa 0946, New Zealand

ph/fax: +64 9 427 8122 email: info@stfranciscollege.ac.nz

REFERENCE FORM

Applicant's Name: _____

Referee Name: _____

Physical Address: _____

Postal Address (if different from above): _____

Phone: Home: _____ Business: _____ Mobile: _____

Fax: _____ Email: _____

Occupation: _____

1) Relationship of Referee to Applicant: _____

2) How long has the Applicant been known to you? _____

3) What qualities and strengths of character does the Applicant have that you would consider beneficial to becoming a St Francis Student?

4) How well do you consider the applicant can relate to:

a) Animals: _____

b) People: _____

c) Team Participation: _____

d) The self-discipline of home-based studies: _____

Signature: _____

Date: ____ / ____ / ____

The St Francis' College appreciates your consideration in completing this Reference which may be included with the Students Application Form or forwarded directly to the St Francis' College for the attention of the Registrar.

Post to:

The Registrar
St Francis' College of Natural Animal Health Ltd.
PO Box 642
Orewa 0946
NEW ZEALAND

Fax: 09 427 8122

Email: info@stfranciscollege.ac.nz

www.stfranciscollege.ac.nz