

REGIONAL WORKSHOP ON M&E OF HIV/AIDS PROGRAMS

May 6-17, 2013

REFERENCE FORM

Reference Should be received by March 15, 2013

Name of the applicant:

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 :

	Exceptional	well above Average	Above Average	Average	Below Average	unable to Judge
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English Language ability (if not a native speaker of English)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

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 projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

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

- ☐ Recommend highly
- ☐ Recommend
- ☐ Recommend with reservation
- ☐ Do not recommend

9. Any Additional
Comments?

Signature

Date

Name and Position/Title

Email Address

Complete
Mailing Address:
Telephone, Fax
and postal
address