

REGIONAL WORKSHOP ON MONITORING AND EVALUATION OF MALARIA PROGRAMS
20-31 May 2012

REFERENCE FORM

CONFIDENTIAL

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 **March 15, 2013** at the following email address:

Regina Afari Boateng- Workshop Coordinator
School of Public Health
University of Ghana
E-mail: M.E.Malaria@gmail.com
Phone: +233 244 621414, +233 264 621414

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 special academic/professional strengths and weaknesses?
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 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 Mailing Address (*Please include fax number and e-mail.*)_____

