

**GOVERNMENT OF SAINT LUCIA**  
**SAINT LUCIA FIRE AND AMBULANCE SERVICE**

**Referee Form**

NAME OF APPLICANT..... DATE.....

TITLE OF POST.....

N.B. This form must be completed confidentially by the Referee and returned to the applicant in a sealed envelope with the referee's signature across the seal.

**Please enter an X in the appropriate column to indicate your assessment of the applicant's capabilities.**

- Demonstrated Ability for learning
- Academic Potential
- Ability to Express Himself/Herself:      Orally
- In writing
- Initiative
- Perseverance
- Ability to Work Independently
- Ability to get on with Colleagues/with a Team
- Ability to get on with Instructors/Persons in Authority
- Potential of this Applicant for Performing Effectively
- Potential of this Applicant for Self Development and Advancement

<b>Outstanding</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>

**Further Comments**

.....  
Name (Type of Print)

.....  
Signature

.....  
Date

.....  
Position

.....  
Address

.....  
Telephone No.