

MINISTRY OF CULTURE, SPORTS AND YOUTH

Barbados Youth Service

#33 Warrens Industrial Park, Warrens, St. Michael

Tel.: (246) 310-4011/310-4012 Fax: (246) 425-1296

Instructions to the Applicant: Please complete the information below then give this form to the person who will offer a recommendation on your behalf. *This form is to be sent directly to the Director, Barbados Youth Service, #33 Warrens Industrial Park, Warrens, St. Michael, by **the Referee** after completion.*

National Registration Number -

Last Name First Name Middle Initial(s)

Address:

Telephone (home): Telephone (other):

Intended enrollment: September 20 Intake:

Signature: Date:

Instructions to referee: Please write a brief assessment of the applicant below. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help determine how best the programme can meet his/her needs.

Please tick the appropriate Column

Categories	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Conduct and Behaviour						
Attitude						
Interpersonal Relationships						
Perseverance						
Maturity						

Referee's Name: _____

Company/Institution: _____

Address: _____

Telephone (work): _____ (home): _____

Signature: _____ Date: _____

For internal use only

Further information required:

Comments: _____
