

**CHILD AND YOUTH WORKER PROGRAM (C.Y.W.)
(Direct Entry Into Level 3)
0476X01FWO**

REFERENCE FORM

SECTION ONE:

(To be Completed by Applicant)

Applicant Name: _____

(Please Print)

Address: _____

Student Number: _____ - _____ - _____ **Phone Number:** (____) - _____

Program Applied to:

Child and Youth Worker Direct Entry

SECTION TWO:

(To be Completed by Agency Supervisor)

Supervisor Name: _____

Job Title: _____

Agency: _____

Address: _____

Phone Number: (____) _____ - _____ ext. _____ **Fax Number:** (____) _____ - _____

E-mail Address: _____

**Please rate the applicant on the following:
1 is lowest, 5 is highest, CA stands for Cannot Access**

- 1. Organizational Skills 1 2 3 4 5 CA
- 2. Listening Skills 1 2 3 4 5 CA
- 3. Problem-Solving Abilities 1 2 3 4 5 CA
- 4. Maturity 1 2 3 4 5 CA
- 5. Self-Confidence 1 2 3 4 5 CA
- 6. Self-Care..... 1 2 3 4 5 CA
- 7. Empathy..... 1 2 3 4 5 CA
- 8. Ability to Work Independently 1 2 3 4 5 CA
- 9. Team Work Skills..... 1 2 3 4 5 CA

Additional Information or Comments:

Supervisor's Signature: _____

Name: *(Please Print)* _____

Date: _____

THIS REFERENCE FORM MUST BE MAILED OR FAXED DIRECTLY BY THE AGENCY TO:

Algonquin College
School of Health and Community Studies, Room C230
1385 Woodroffe Avenue
Ottawa, ON K2G 1V8

Telephone: (613) 727-4723, ext. 7776
Fax: (613) 727-7759

Thank you for your cooperation.