



An Coláiste Ollscoile, Baile Átha Cliath
Ollscoil Domhanda na hÉireann

University College Dublin
Ireland's Global University

Scoil Na nAltrachta, an Chnáimhseachais
agus na gCóras Sláinte UCD

UCD School of Nursing, Midwifery
and Health Systems

Scoil an Leighis UCD

UCD School of Medicine

Ionad Eolaíochta Sláinte,
An Coláiste Ollscoile, Baille Átha Cliath,
Belfield, Baille Átha Cliath 4, Éire.

Health Science Building,
University College Dublin,
Belfield, Dublin 4, Ireland.

www.ucd.ie/nmhs | www.ucd.ie/medicine

T: +353 1 716 6488 / 6603

PROFESSIONAL REFERENCE FORM

Programme Applied for:	
Name of Candidate:	
Address of Candidate:	

Dear Sir or Madam,

I would be grateful if you would complete this reference for the above named applicant who is applying to complete a programme of study in UCD School of Nursing Midwifery & Health Systems. No final decision can be made concerning the application until references are received, so I would be grateful for your attention to this request. Please return the form to the candidate as it is his/her responsibility to upload this reference onto their UCD application form.

Yours sincerely,

Dr. Rita Smith

Associate Dean for Taught Graduate Studies



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Please give your assessment of the applicant's suitability for the programme with regard to all of the following 6 categories.

1. Quality of decision making
2. Initiative
3. Ability to work without direct supervision.
4. Sensitivity to and tolerance of others.



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5. Attendance

6. Other abilities you think will support the candidate in this application: All information will, of course, be treated with strict confidence.

Referee Name: _____

Referee Signature: _____

Referee Position:	
Date:	
Institution Name:	