

**Fillable Form****REFERENCE FORM***for an***Application for Appointment as an English Language Assistant in Germany 2008/2009****Closing Date: February 29, 2008**

Send reference by mail, fax or email to:

Manitoba International Education Branch  
 11<sup>th</sup> Floor - 259 Portage Avenue  
 Winnipeg, Manitoba R3B 3P4  
 Fax: (204) 957-1793  
 E-mail: [education-excellence@gov.mb.ca](mailto:education-excellence@gov.mb.ca)

Note: The typed, completed version of this form cannot be saved. Once completed, print the document, ensure that it is signed and dated. Mail or fax it to the address/numbers indicated.

Web site: [www.education-excellence.ca](http://www.education-excellence.ca) , click on *Domestic Students* for Program Information

Name of Candidate in Full (Last name, first name):	
Candidate's Degree/Diploma Program:	
Length of time and capacity in which you have known the candidate:	
Please provide comments on the candidate's academic or professional performance to date:	
Assessment of the candidate's suitability for a position as an English Language Assistant (e.g. personality, adaptability, interest in assistant's duties, interest in Germany):	
<b>Ranking of candidate's suitability for a position as an English Language assistant:</b>	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Doubtful	
<b>Your assessment of the candidate's English language skills:</b>	
Spoken:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Written:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<b>Your assessment of the candidate's German language skills (if known):</b>	
Spoken:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Written:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Name of referee:	
Signature:	Date:
Position held:	
University, college, or other:	