



EDINBURGH  
**STEINER**  
SCHOOL  
Celebrating 81 Years

## Edinburgh Steiner-Waldorf Teacher Education Course

### Reference in Support of Application for Study

1. Applicants full name:

Family name/surname:

Title (Dr, Mr, Mrs, Ms, etc)

First/given name:

2. Programme of study applied for:

Edinburgh Steiner-Waldorf Teacher Education Course

3. Return address for completed reference form:

[www.edinburghsteinerschool.org.uk](http://www.edinburghsteinerschool.org.uk)

60 Spylaw Road Edinburgh EH10 5BR T: 0131 337 3410 E: [info@edinburghsteinerschool.org.uk](mailto:info@edinburghsteinerschool.org.uk)

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**Sections 4 – 6 to be completed by the referee**

## 4. Referee's details:

Full name:

Position:

Organisation/Company (if applicable)

Address:

Postcode:

Country:

Telephone:

Email:

Seal or stamp of institution/organisation if applicable.



## 5. Qualities of the candidate:

1. How long and at what capacity have you known the above applicant

2. Please rate the applicant in the following areas by ticking the relevant box, feel free to comment or expand on any of your ratings under the next heading

	Excellent	Very Good	Good	Fair	Unsatisfactory
Attendance and timekeeping					
Dependability in carrying out a task					
Ability to take responsibility					
Effective communication					
Ability to take initiative					
Ability to work independently					
Ability to work with and for others					
Resourcefulness and problem-solving skills					
Honesty and trustworthiness					

## 6. Additional comments:

3. Please add any other comments about the applicant that you wish to make, or you feel should be taken into consideration (feel free to identify any particular strengths or weaknesses). Please continue overleaf if needed.



4. From your knowledge of the applicant, are there any reasons why (s)he should not be applying for this course? Is there anything else of significance that you believe we should know?

## 7. Referee's declaration:

I confirm that, to the best of my knowledge, the information in this form is correct and complete.

Date:

Signature of referee:

*Note to referee:* Thank you for completing this form. Please return the completed reference in a sealed envelope to the address in section 3. If no address has been given, please return to:

**Teacher Education Course  
Deirdre Hill  
60 Spylaw Road  
Edinburgh  
EH10 5BR  
United Kingdom**

Or e-mail to: [teachertraining@edinburghsteinerschool.org.uk](mailto:teachertraining@edinburghsteinerschool.org.uk)