

## Academic Reference Form

### To the Applicant:

Please complete Section A below and send the form to your referee with the following filenames:-

***applicant\_firstname\_secondname\_ICATreference1***

and

***applicant\_firstname\_secondname\_ICATreference2***

Two completed Academic Reference Forms must be received by 4pm on the 21<sup>st</sup> November 2016.

### To the Referee:

Thank you for providing ICAT with a reference for this applicant to the Wellcome/HRB Irish Clinical Academic Training Programme.

Please complete this form to indicate the Applicant's academic suitability and potential to undertake postgraduate research as part of the Wellcome/HRB Irish Clinical Academic Training Programme.

Please return the completed form by e-mail to [admin@ICATprogramme.org](mailto:admin@ICATprogramme.org) . The completed form must reach ICAT by 4pm on the 21<sup>st</sup> November 2016.

For information about the ICAT programme please see [www.ICATprogramme.org](http://www.ICATprogramme.org)

### Section A (to be completed by Applicant)

Name:

Contact Address:

Email Address:

### Section B (to be completed by Referee)

Title and Name of Referee:

Contact Address:

Email Address:

How long and in what capacity do you know the applicant?

Please estimate in which of the following categories you would rank the candidate's relative academic abilities in comparison with others at the same level of training. Please place a tick (✓) in the relevant box.

Top 2%       Top 5%       Top 10%       Top 25%       Other  Specify....

What is the basis of this assessment?    Official class ranking     Personal assessment

If the Applicant's first language is not English, please comment on his/her proficiency in the language:

Statement of the Applicant's ability and potential by academic referee with recent knowledge of the Applicant's work:

*Where possible it would be helpful if referees commented on the Applicant's intellectual ability, initiative, capacity for independent critical thinking, diligence, creativity in problem solving, inter-personal skills and ability to work as part of a team.*

Signed: *(e-signature or type your name)*

Date:

Please return the completed form by email to [admin@ICATprogramme.org](mailto:admin@ICATprogramme.org) by 4pm, 21<sup>st</sup> November 2016