**THE UNIVERSITY OF HONG KONG**

CONFIDENTIAL

**LKS FACULTY OF MEDICINE**

**SCHOOL OF NURSING**

**Application for Admission to the**

**Bachelor of Nursing Programme (Part-Time) for Registered Nurses**

**Confidential Report by a Referee**

(The report can be provided by an academic referee or supervisor of your work.)

**Note to applicant:**

Applicants should complete **Section I** below, then send one copy of this form to each of two referees with the request that the referee should complete **Section II** and return the form directly to BN(PT) Programme Office, School of Nursing, The University of Hong Kong, 5/F Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or email at bnpt@hku.hk. Alternatively, the referee may return the completed report to applicant in a signed and sealed envelope, and the applicant can send the unopened envelope together with the application documents.

**Note to referee:**

The applicant named below is applying for admission to the degree programme indicated. Kindly complete **Section II** of this report and return it directly to BN(PT) Programme Office, School of Nursing, The University of Hong Kong, 5/F Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong before the application deadline either by post, or email at bnpt@hku.hk. Alternatively, you may return the completed report to the applicant in a signed and sealed envelope. All information given here will be treated as strictly confidential. It will be used only for the purpose of determining whether the candidate will be admitted; and it will be accessible only to those responsible for processing the application. The reference will be destroyed after that decision has been made. The University will be most grateful for your full and candid assessment.

**Section I** (to be completed by the applicant)

|  |  |  |
| --- | --- | --- |
| Name of applicant: |  |  |
|  |  |  |
| (Surname) |  | (First name) |

|  |  |
| --- | --- |
| Programme applied for: | **Bachelor of Nursing Programme (Part-Time) for Registered Nurses** |

**Section II** (to be completed by the referee)

|  |  |  |
| --- | --- | --- |
|  | How long have you known the applicant? |  |
|  |  |  |
|  | In what capacity have you known the applicant?  |  |
|  |  |  |

**Personality and Abilities**

1. Please assess the candidate with reference to the following aspects by putting a tick in the boxes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Average or below | No basis for Judgement |
| Power of analysis |  |  |  |  |  |
| Ability to express :oral |  |  |  |  |  |
| Ability to express: written |  |  |  |  |  |
| Industry and perseverance |  |  |  |  |  |
| Ability to cope with work and study |  |  |  |  |  |
| Reliability and responsibility |  |  |  |  |  |
| Independence of thought and initiative |  |  |  |  |  |

1. Please give your views on the candidate’s aptitude for, and interest in, the Bachelor of Nursing Part-time Degree Programme. A general profile of the candidate, including areas of strength and weakness, may also be included here.

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1. Please add any comments you think will be of assistance in assessing the applicant.

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| --- | --- | --- | --- |
| Signature of referee: |  | Date: |  |
|  |  |
| Title of referee: |  | Professor |  | Dr |  | Mr |  | Miss |  | Ms |  | Mrs |
|  |  |
| Name of referee: |  |
|  |  |
| Position held:  |  |
|  |  |
| Contact tel no.: |  |
|  |  |
| Email address: |  |

**Please return this form to BN(PT) Programme Office, School of Nursing, The University of Hong Kong, 5/F, Academic Building, 3 Sassoon Road, Pokfulam, Hong Kong as soon as possible.**