

**INTERNATIONAL WORKSHOP ON
IMPACT EVALUATION OF POPULATION, HEALTH AND NUTRITION PROGRAMS
July 24 - August 4, 2017**

REFERENCE FORM

CONFIDENTIAL

TO BE COMPLETED BY APPLICANT

Name of applicant

The candidate named above has applied for the International Workshop on *Impact Evaluation of Population, Health and Nutrition Programs*. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. **Under no circumstances should the completed form be returned to the applicant.**

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant?

2. How well and in what capacity do you know the applicant?

3. Please rate the applicant in terms of each of the following (one checkmark for each row):

	Exceptional	Well above average	Above average	Average	Below average	Unable to judge
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language ability (if not a native speaker of English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
overall intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the applicant's special academic/professional strengths and weaknesses?

5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

6. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.

7. Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

8. Do you recommend the applicant for this workshop on Impact Evaluation of Population, Health and Nutrition programs?

- | | | | |
|--------------------------|----------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Recommend highly | <input type="checkbox"/> | Recommended |
| <input type="checkbox"/> | Recommend with reservation | <input type="checkbox"/> | Do not recommend |

9. Any additional comment?

Signature

Date

Name and position/Title

Complete mailing address (please include fax number and e-mail):

Completed Reference form should be sent by May 26, 2017 by Email directly to

Meskerem Teshome
Email: shorttraining.aciph@gmail.com
Addis Continental Institute of Public Health
Addis Ababa, Ethiopia