REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Name of Applicant ____________________________

The candidate named above has applied for the International Workshop on Impact Evaluation of HIV/AIDS and Health Programs. The workshop has been designed to build the capacity of professionals with skills on monitoring and evaluation of HIV/AIDS and Health 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 What are the applicant’s special academic/professional strengths and weaknesses?

________________________________________________________________________

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

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

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Well above Average</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English language ability (if not an active speaker of English)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 HIV/AIDS and Health Programs?

☐ Recommend highly
☐ Recommend with reservation
☐ Recommend
☐ Do not recommend

9 Any additional comments?

__________________________________________________________________________
__________________________________________________________________________

__________________________________  ________________________________
Signature                               Date

Name and Position/Title (Please print)

__________________________________
Complete mailing address:

__________________________________

Tel/Fax No. __________________________ E-Mail __________________________

Page 2 of 2