

Reference Form

Young Insurance Professional Programme

To the Applicant: Please fill your name and ask the referee, who should be your employer to complete this form.

To the Referee: The person is applying for the Young Insurance Professionals Programme, an initiative from the leading pan-African Reinsurer, African Reinsurance Corporation. By answering the following questions you will assist greatly in the selection process.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

To be completed by the Applicant

Last Name:

First Name:

To be completed by the Referee

Full Name:

Job Title:

Name of Employer:

E-mail Address:

Telephone Number:

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1. How long and in what capacity have you known the applicant?

2. Please rate the applicant’s competence and capabilities in comparison with other individuals whom you have known at similar stages of their professional careers.

	Excellent	Very Good	Good	Satisfactory	Poor
Knowledge of the area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Seriousness of Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of computer and technology platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Please describe the applicant's strengths and weaknesses:

Continue on a separate sheet if necessary

4. Please describe the applicant's suitability for the programme he/she is applying for:

Continue on a separate sheet if necessary

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Referee Signature and Stamp of Employer

Place and Date

Additional Guidelines and Instructions