

TO: Chairperson, Paid Study Leave Evaluation Board

Full name of Applicant & ID No.		
Title of Course and Area of Study		

TO BE COMPLETED BY REFEREE.

1. In what capacity have you known applicant? _____
2. For how many years / months? _____
3. **PLEASE RATE THE APPLICANT** on a scale from **1** (*minimum*) to **10** (*maximum*) on each of the aspects listed in the below table, providing your **JUSTIFICATION** for each of the rating given:

RATING:	JUSTIFICATION
	Quality of applicant's service in the Role:
	Quality of service beyond the Role:
	Articulation:
	Contribution at local level in the field:
	Contribution at national level in the field:

Name of Referee: _____ Title: _____

Signature: _____ email: _____

Date: _____ Tel: _____

ENDORSEMENT

by Head of College /Director / Head or School/ or
equivalent Authorities as applicable

1. I **endorse / do not endorse** this application (*delete as necessary*) and
2. In doing, so I signify / do not signify (*delete as necessary*) my willingness to release the abovementioned applicant for the duration of the applicable scholastic year, if after being successful in the evaluation he/she is made an offer for paid study leave by the Ministry for Education.

Remarks (if any): _____

Name and Surname

Position / Designation

Signature and rubber stamp

Date: _____

INSTRUCTIONS

TO THE APPLICANT:

Please download the form and after filling in the top section, send it to the two referees to complete. It is important to ensure that you inform the referee of the date of the deadline for submission of applications, which deadline applies also to the submission of references.

TO THE REFEREE:

(Head of College and /or Head of School)

Thank you very much for agreeing to write a reference for the above named applicant for the Paid Study Leave (Category A) scheme. Your reference will constitute an essential part of the applicant's evaluation.

Please fill in all the required details in this form including your endorsement on the reverse side of the page.

Please note that you may elaborate further with any information you wish to share about the applicant related to his application for Paid Study Leave. For this purpose, **ONE signed** additional page **on official letterhead** may be attached with additional information and comments that could help the Board evaluate the applicant's appropriateness for Paid Study Leave.

References under confidential cover are to be addressed to the **Chairperson**, Paid Study Leave Evaluation Board and sent by the referees in **pdf format** by email to pdstudyleave.meds@gov.mt **prior to the closing date** of the call for applications.

An acknowledgement of receipt will be issued.