

**Professional Development Certificate in Travel Medicine**

REFERENCE FORM

To be completed by the applicants referee

You have been selected to provide a reference for an applicant who has applied for the on-lineProfessional Development Certificate in Travel Medicine qualification.

Please complete the following information and return to PDC (email: pdc@rcpsg.ac.uk ) at your earliest convenience. Failure to respond, may delay the application process.

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| **APPLICANTS DETAILS**  |
| Please state the name of the applicant you are providing this reference for: |
| How long have you known the applicant?  |
| **REFERENCE TYPE** |
| Please tick which type of reference you are providing: Employer [ ]  Professional [ ]  Personal [ ]  |
| **REFERENCE STATEMENT** |
| Please describe in your own word, how you consider the applicant to be suitable for a position on the Professional Development Certificate in Travel Medicine programme. |
|  |
| **DECLARATION** |
| I confirm, to the best of my knowledge that all the information given on this form is a true statement of fact. |
| Signature of Referee: | Name of Referee (Please print): |
| Date:  | E-mail: |
| Telephone (Mobile): | Telephone (Other): |

Please return to PDC (email: pdc@rcpsg.ac.uk ) with thanks.