

**BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSE PROGRAM
207 Hart Street, Taunton, MA 02780
Reference Form for Admission**

Applicant: Complete the top portion of this form and forward to the individual who has agreed to complete it. It must be submitted to the practical nurse program directly from the individual completing the reference.

Individual completing the reference: Please complete the lower portion of this form and submit directly to the Bristol-Plymouth Practical Nurse Program. Email completed form to PN@bptech.org or mail to:
Practical Nurse Program Director, Bristol-Plymouth Practical Nurse Program, 207 Hart Street, Taunton, MA 02780

Name of Applicant: _____

Address: _____

I give permission for _____ to complete this confidential
(Name of person who will provide the reference)
Reference Form and forward it directly to the Practical Nurse Program on my behalf.

APPLICANT IS NOT TO WRITE BELOW THIS LINE

The applicant named above is applying for admission to the Bristol-Plymouth Practical Nurse Program. Your assistance is requested in selecting the best possible applicants for admission. Your responses will be kept confidential. Please **mail or email the completed reference form directly to the school (address and email are provided above).**

1. Time period in which you were in contact with this applicant:

From (month/year):		To (month/year):	
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2. In what capacity were you familiar with this applicant? (Please \checkmark the appropriate box and comment if indicated.)

Employer	
Supervisor	
Co-worker	
Other (please state relationship)	

3. Consider the following (please \checkmark the frequency the applicant displayed each behavior):

Behavior	Always	Frequently	Occasionally	Never
Works well with others				
Is dependable				
Displays initiative/motivation				
Produces quality work				
Effectively communicates				
Demonstrates trustworthiness				
Maintains a positive attitude				

Additional comments: _____

Signature: _____ Date: _____

Place of employment: _____ Contact number: _____