

**BA (Hons) Practice Development**

**REFERENCE FORM**

**Applicant's Name:** .....

**Referee's name:** .....

The University requires a personal reference for the above course - provided in strict confidence for each candidate. This can be someone who has known the applicant in a professional or personal capacity for 2 years. No offer of a place will be confirmed unless this reference has been provided. Your name has been given as a referee and we would be grateful if you would provide an indication of the applicant's suitability to undertake this course and your views as to his/her potential.

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Reference prepared by (please print)

Signed:

Date:

Position:

Occupation:

**Please return to: Mike Thomson, Recruitment Officer, Faculty of Society and Health,  
Buckinghamshire New University, 106 Oxford Road, Uxbridge, Middlesex, UB8 1NA**