Referee Form – Ileen Macpherson Trust application

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| Applicants Name: |   |
| Project /Initiative name: |   |
| Referee name: |   |
| Phone numbers | Please indicate best time for contact i.e. out of hours, Monday – Friday, Saturday-Sunday |
| Home/work: | Mobile: |
| Email: |   |
| Relationship to applicant | referee should be independent, eg no family connections, not just based on friendship, not therapist/patient relationship etc |
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| Length of time referee has known applicant |   |
| Ability of applicant to deliver project | Referee can speak to the knowledge and capacity of the applicant to deliver or follow through on their application |
|        |
| Understanding of how this project might disseminate Anthroposophy in the Australian community | Details of referee’s understanding, experience and connection with Anthroposophy |
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| Declaration of any conflict of interest | Referees must declare any financial benefit from a successful application eg running the course the applicant has requested payment towards |
|      |
| Any further comments |       |
| By acting as referee for this applicant, I hereby acknowledge I have answered these questions to the best of my knowledge and with integrity.  |

Signature ……………………………………………………………… Date ………………………