



SEAVIEW
HIGH SCHOOL

SEAVIEW HIGH SCHOOL CONFIDENTIAL REFEREE STATEMENT

APPLICANT NAME: _____

REFEREE NAME: _____

REFEREE'S POSITION HELD: _____

REFEREE'S CONTACT DETAILS: _____

STRENGTHS:

AREAS FOR IMPROVEMENT:

PERSONAL QUALITIES/ATTRIBUTES:

COMMITMENT TO TRAINING AND IMPROVING:

COACHABILITY AND ABILITY TO SEEK AND ACCEPT FEEDBACK:

RELATIONSHIPS WITH PEERS:

Thank you for your time and supporting the applicant.

Please return this referee statement to:

Seaview High School

74-128 Seacombe Road

Seacombe Heights SA 5047

Tel: (08) 8377 8000 Fax: (08) 8377 8050

Email: dl.0893.info@schools.sa.edu.au

