**FULL NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MPT APPLICATION – REFERENCE FOR PRACTICAL EXPERIENCE**

**Certification of Practical Work or Volunteer Experience**

The individual named above is applying for admission to the Master of Physical Therapy (MPT) program at the Department of Physical Therapy at The University of British Columbia. Applicants must have completed a **minimum** of 70 hours of practical volunteer or paid work experience accumulated at no more than two institutions at the time of application to the MPT program. Practical volunteer or paid work experience must include direct contact with individuals who have some kind of physical, emotional or cognitive impairment, disability, or handicap. The purpose of this practical experience requirement is to familiarize the applicant with some of the job demands, roles, and responsibilities of health care professionals, especially as they relate to interacting with clients and patients.

**HOW TO COMPLETE THIS FORM**

This form should be completed by an individual who can attest to the practical work or volunteer experience of the above named applicant. Please note that the individual completing this reference should not have already provided or be planning to provide an academic reference for the same applicant. Please provide your honest opinions about the applicant in answer to the questions on this form. Your reference will be kept confidential, however, it can be required under Freedom of Information legislation to disclose the substance of this reference but only where it can be done without disclosing the identity of the writer.

**HOW TO SUBMIT THIS FORM**

When the applicant has formally submitted an online application to our program, you will receive an email from UBC that may provide you with a link to complete an online reference. **Please complete the online reference in addition to this form.**

To submit a copy of this form, please **either** upload a scanned copy through the online application system using the link provided in the email (our preference) **or** mail the completed form directly to the Department of Physical Therapy at UBC **(do not do both)**. If you submit the completed form by mail, **please ensure that you sign across the seal of the envelope. Envelopes that have not been endorsed by the individual attesting to the applicants practical volunteer or paid work experience will not be accepted**. Completed forms can be sent to: Admissions, UBC Department of Physical Therapy, 212 – 2177 Wesbrook Mall, Vancouver BC, V6T 1Z3, CANADA**.**

This form must be received no later than **January 15, 2018.**

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**REFERENCE FOR PRACTICAL EXPERIENCE**

(a) What type of impairment, disability or handicap did the individual/s who the applicant was working with have?

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(b) What were the applicant’s responsibilities?

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(c) How many hours did the applicant work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Please rate the applicant on the following items by circling the number which best represents your opinion of their performance during their practical experience. (10-9 = excellent, 8-7 = good, 6-5 = average, 4-3 = fair, 2-1 = poor)

Problem Solving Skills: 10 9 8 7 6 5 4 3 2 1 Unable to judge

Interpersonal Skills 10 9 8 7 6 5 4 3 2 1 Unable to judge

Ability to work with clients 10 9 8 7 6 5 4 3 2 1 Unable to judge

Ability to work with others 10 9 8 7 6 5 4 3 2 1 Unable to judge

Self-confidence 10 9 8 7 6 5 4 3 2 1 Unable to judge

Empathy 10 9 8 7 6 5 4 3 2 1 Unable to judge

Work habits 10 9 8 7 6 5 4 3 2 1 Unable to judge

Self-expression – oral 10 9 8 7 6 5 4 3 2 1 Unable to judge

Self-expression – in writing 10 9 8 7 6 5 4 3 2 1 Unable to judge

Aptitude for work as a health care professional 10 9 8 7 6 5 4 3 2 1 Unable to judge

Professional behaviour 10 9 8 7 6 5 4 3 2 1 Unable to judge

(e) In the space below please add any additional comments you think will be of assistance in assessing the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REFEREE CONTACT INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name (please print) Position/Title (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (please print) Institution Address (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (please print)

***Please refer to the first page of this document for instructions on how to submit your reference. Forms must be received no later than 15 January, 2018.***