



This **Volunteer/Work Experience Reference Form** is intended for referees verifying an applicant's volunteer/work experience. Referees verifying an applicant's academic abilities and suitability to graduate studies must complete the **Academic Reference Form**.

The individual named below is applying for admission to the Master of Occupational Therapy (MOT) program in the Department of Occupational Science & Occupational Therapy at the University of British Columbia.

Full Name of Applicant:

All applicants are required to complete a minimum of **70 hours of interactive volunteer or work experience** with individuals with disabilities by **January 15 of the year of intake**. The experience can be paid or unpaid and must include direct in-person contact and interaction with persons with cognitive, emotional or physical disabilities. The purpose of this requirement is to familiarize the applicant with some of the demands, roles and responsibilities of health care professionals, especially as they relate to interacting with clients or patients.

The completed and signed form must be scanned/PDF and emailed to mot.admissions@ubc.ca by **January 15**. Please include the applicant's full name in the subject heading of your email (e.g. UBC MOT Application Reference Letter for John Smith). Faxed or mailed reference forms will not be accepted for this application cycle. Standard reference letters on organization or institution letterhead may be submitted in lieu of this form but must be emailed to the address above.

Please DO NOT send a copy of this reference form to the applicant. All reference forms must be directly sent by the referee and should remain confidential. Failure to comply may risk invalidation of the application.

What is the name of the organization or institution where the applicant gained his/her experience?

Can you briefly describe the nature of work conducted by this organization or institution?

What were the applicant's main responsibilities?

How many hours of **interactive, in-person and hands-on experience** with **individuals with cognitive, emotional and/or physical disabilities** did the applicant gain in this role?

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Please rank the applicant as follows:

N/A= unable to assess; 0=Poor; 1=Fair; 2=Good; 3=Very Good; 4=Excellent; 5=Outstanding

	Rank	Remarks
Leadership Skills		
Interpersonal Skills		
Communication Skills		
Problem-Solving Skills		
Ethical Conduct		
Suitability to Health Care Role		
Professional Behaviour		

- Please provide any additional comments you think will be helpful in assessing the applicant as a supplementary reference letter, on organization or institution letterhead, and attach it to this reference form.

REFEREE’S PROFESSIONAL CONTACT INFORMATION

Full Name: _____

Position/Title: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

By submitting this reference, I verify that the applicant has completed at least **70 hours of interactive, in-person and hands-on experience** with **individuals with disabilities** by the date shown below. I further verify that I am in a supervising position in the above named organization, and am not related to the client(s) the applicant has volunteered or worked with.

Signature: _____

Date: _____