

**TO: Chairperson, Paid Study Leave Evaluation Board**

Full name of Applicant & ID No.		
Title of Course and Area of Study		

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**TO BE COMPLETED BY REFEREE.**

1. In what capacity have you known applicant? \_\_\_\_\_
2. For how many years / months? \_\_\_\_\_
3. **PLEASE RATE THE APPLICANT** on a scale from **1** (*minimum*) to **10** (*maximum*) on each of the aspects listed in the below table, providing your **JUSTIFICATION** for each of the rating given:

<b>RATING:</b>	<b>JUSTIFICATION</b>
	Quality of applicant's service in the Role:
	Quality of service beyond the Role:
	Articulation:
	Contribution at local level in the field:
	Contribution at national level in the field:

Name of Referee: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ email: \_\_\_\_\_

Date: \_\_\_\_\_ Tel: \_\_\_\_\_

**ENDORSEMENT**

by Head of College /Director / Head or School/  
or equivalent Authorities as applicable

1. I **endorse / do not endorse** this application (*delete as necessary*)  
and
2. In doing, so I signify / do not signify (*delete as necessary*) my willingness to release the above-mentioned applicant for the duration of the applicable scholastic year, if after being successful in the evaluation he/she is made an offer for paid study leave by the Ministry for Education and Employment.

Remarks (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Name and Surname*

\_\_\_\_\_  
*Position / Designation*

\_\_\_\_\_  
*Signature and rubber stamp*

## INSTRUCTIONS

### TO THE APPLICANT:

Please download the form and after filling in the top section, send it to the two referees to complete. It is important to ensure that you inform the referee of the date of the deadline for submission of applications, which deadline applies also to the submission of references.

### TO THE REFEREE:

**(Head of College and /or Head of School)**

Thank you very much for agreeing to write a reference for the above named applicant for the Paid Study Leave (Category A) scheme. Your reference letter will constitute an essential part of the applicant's evaluation.

Please fill in all the required details in this form including your endorsement on the reverse side of the page.

Please note that you may elaborate further with any information you wish to share about the applicant related to his application for Paid Study Leave. For this purpose, **ONE signed** additional page **on official letterhead** may be attached with additional information and comments that could help the Board evaluate the applicant's appropriateness for Paid Study Leave. Further details are available in the Procedures and Guidelines which may be downloaded from:

<https://education.gov.mt/en/resources/Documents/Application%20Forms/Procedures%20and%20Guidelines%20for%20Paid%20Study%20Leave%20-%20Category%20A-%202020%20Version.pdf>

References under confidential cover are to be addressed to the **Chairperson**, Paid Study Leave Evaluation Board and sent by the referees in **pdf format** by email to [pdstudyleave.mede@gov.mt](mailto:pdstudyleave.mede@gov.mt) **prior to the closing date** of the call for applications.

An acknowledgement of receipt will be issued.