

SAIRAC



REFEREE REPORT

1. Applicant

Name of Applicant	Membership Number	Address

2. General Information

- a. This document is confidential and is to be completed by the referee. In addition, the referee is required to initial each section. The referee form are to be returned to the SAIRAC office independent from the application form.
- b. My personal knowledge of the applicant's experience in engineering extends from to (months or years as close as possible).
- c. Having read the application, it is my considered opinion that the applicant qualifies as a member of SAIRAC.

YES	NO	NO COMMENT	DO NOT KNOW

- d. My association with the applicant was / is that of:

Employer	<input type="checkbox"/>	Colleague	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	Other	<input type="checkbox"/>

 if other, describe.....

- e. Are you related to the applicant by birth or marriage?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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 if yes, state relationship.....

3. My assessment of the applicant, based on my personal knowledge, is as follows:

	Above Average	Average	Below Average	Do not know
Ability to cope with responsibility				
Quality of work				
Application of technical knowledge				
Attitude towards the industry				
Technical judgement				

4. The Council requires additional remarks concerning the applicant's technical achievements, ability and possible limitations to make independent engineering decisions for which he/she will carry final and entire responsibility and at what engineering level.

IT IS ESSENTIAL THAT THIS SECTION BE COMPLETED

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Name of Referee.....SAIRAC Membership number:

Job title.....

Qualifications.....

Employer's /Name.....

Office Tel. No.....

Signature.....

Please post to:
SAIRAC—CAPE TOWN CENTRE
PO Box 600
PAARDEN EILAND, 7420