

**CHILD PROTECTION UNIT NETWORK**

Tropicana Apartment Hotel, 1630 Guerrero Street, Malate, Manila, Philippines 1004

(632) 404 3954 \* (632) 404 3955 (Facsimile)

E-mail: info@cpu-net.org.ph \* Website: www.cpu-net.org.ph

**RECOMMENDATION**

NAME OF APPLICANT						
TITLE	SURNAME	FIRST NAME	MIDDLE NAME			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr						
ACADEMIC PROGRAM APPLIED FOR						
Sir/Madam: The above-mentioned applicant of the CPU-Net CCPS has asked you to be his/her reference. Please fill up this form according to your best knowledge. A narrative of additional information which you want the CPU-Net to know about the applicant may be attached with this form. Place and seal them in the provided envelope to be mailed or hand carried to the CPU-Net. Thank you very much.						
PLEASE RATE THE APPLICANT ACCORDINGLY.						
ATTRIBUTES	5 EXCEPTIONAL	4 SUPERIOR	3 AVERAGE	2 FAIR	1 POOR	0 CANNOT EVALUATE
1. Intellectual ability						
2. Research capability						
3. Capacity for critical/analytical thinking						
4. Leadership qualities						
5. Emotional stability						
6. Study habits						
7. Teaching potentials						
8. Resourcefulness and creativity						
9. Honesty and integrity						

<input type="checkbox"/> I recommend the candidate to the CPU-NET CCPS <input type="checkbox"/> VERY STRONGLY <input type="checkbox"/> STRONGLY. <input type="checkbox"/> I do not recommend the candidate to the CPU-Net CCPS.	
SIGNATURE	
PRINTED NAME	
INSTITUTION	
DESIGNATION/RANK/TITLE	
ADDRESS	
NUMBER OF YARS YOU HAVE KNOWN THE APPLICANT	<b>IN WHAT CAPACITY?</b> <input type="checkbox"/> Professor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Others, specify: _____
DATE ACCOMPLISHED	

**NOTE:** Please seal this in an envelope and give this to the applicant or mail to: The Training Coordinator Child Protection Unit Network, Tropicana Apartment Hotel, 1630 Guerrero Street, Malate, Manila, Philippines 1004.