

NAME OF APPLICANT:

APPLICANT'S INSTITUTION:





## LEGISLATIVE FELLOWS PROGRAM FOR SOUTH AFRICANS APPLICATION FOR INTERNSHIP IN THE UNITED STATES

## CONFIDENTIAL LETTER OF REFERENCE

This letter of reference must be written by someone who knows the applicant well, someone who currently supervises the applicant in work related to the proposed internship, or someone who has worked with the applicant and knows his or her leadership skills or potential. This letter must be typewritten and in English.

APPLICANT'S POSITION:

ADDRESS:				CITY:		
PHONE:		E-MAIL	:			
HOW LONG HAVE YOU KNOW THE APPLICANT?						
Less than 1 year [ ]	s [ ]	More than five years [ ]				
IN WHAT CAPACITY HAVE YOU KNOW THE APPLICANT?						
Teacher/Professor [ ] Employer/Supervisor [ ] Work Colleague [ ] Volunteer Colleague [ ] Other (specify) [ ]						
IN THE RATING CHART BELOW, PLEASE EVALUATE THE APPLICANT IN COMPARISON WITH OTHER EMPLOYEES WHOM YOU HAVE KNOWN DURING YOUR PROFESSIONAL CAREER.						
		ery	U	Below	Not	
Intellectual ability		lood [ ]	[ ]	verage	Applicable [ ]	
Knowledge of the field	[ ]	[ ]	[ ]	[ ]	[ ]	
Work habits and work ethics	[ ]	[ ]	[ ]	[ ]	[ ]	
Motivation for the U.S. internship	[ ]	[ ]	[ ]	[ ]	[ ]	
Seriousness of purpose	[ ]	[ ]	[ ]	[ ]	[ ]	
Leadership abilities	[ ]	[ ]	[ ]	[ ]	[ ]	
Potential for significant impact	[ ]	[ ]	[ ]	[ ]	[ ]	
Resourcefulness and initiative	[ ]	[ ]	[ ]	[ ]	[ ]	
Emotional maturity	[ ]	[ ]	[ ]	[ ]	[ ]	
Adaptability to new situations	[ ]	[ ]	[ ]	[ ]	[ ]	
Ability to work well with others	[ ]	[ ]	[ ]	[ ]	[ ]	

YOUR EVALUATION OF THE APPLICANT'S LEADERSHIP.	ABILITIES AND COMMITMENT TO PARTICIPATE IN THE NVOLVEMENT IN CIVIC ACTIVITIES, CITIZEN ADVOCACY
GROUPS, POLITICAL CAMPAIGNS, POLITICAL PARTIES, O	•
BY MY SIGNATURE BELOW, I CERTIFY THAT TO THE BEST ALL PARTS OF MY APPLICATION IS ACCURATE AND COM	ST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN MPLETE.
NAME	TITLE
SIGNATURE	DATE
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PLEASE ATTACH TOTHIS LETTER OF REFERENCE ON INSTITUTIONAL LETTER-HEAD IN WHICH YOU PROVIDE

THIS FORM AND LETTER SHOULD BE RECEIVED AT AFRICA GOVERNANCE TRANSFORMATION OFFICE NO LATER THAN  $6^{\mathrm{TH}}$  NOVEMBER, 2009. PLEASE MAIL THE FORM AND LETTER DIRECTLY TO:

Legislative Fellows Program
Africa Governance Transformation (AGT)
Suite 18E, Lillies Quarter
12 Old Main Road,
Hillcrest-Durban 3610
Phone: (031) 765 4722
E-mail: info@agtsa.co.za