

## SEAVIEW HIGH SCHOOL CONFIDENTIAL REFEREE STATEMENT

APPLICANT NAME:
REFEREE NAME:
REFEREE'S POSITION HELD:
REFEREE'S CONTACT DETAILS:
STRENGTHS:
AREAS FOR IMPROVEMENT:
PERSONAL QUALITIES/ATTRIBUTES:
COMMITMENT TO TRAINING AND IMPROVING:

RELATIONSHIPS WITH PEERS:  Thank you for your time and supporting the applicant.  Please return this referee statement to: Seaview High School  74-128 Seacombe Road Seacombe Heights SA 5047  Tel: (08) 8377 8000 Fax: (08) 8377 8050  Email: dl.0893.info@schools.sa.edu.au		
Thank you for your time and supporting the applicant.  Please return this referee statement to:  Seaview High School  74-128 Seacombe Road  Seacombe Heights SA 5047  Tel: (08) 8377 8000 Fax: (08) 8377 8050		
Thank you for your time and supporting the applicant.  Please return this referee statement to:  Seaview High School  74-128 Seacombe Road  Seacombe Heights SA 5047  Tel: (08) 8377 8000 Fax: (08) 8377 8050		
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