

***Accounting and Auditing Board of Ethiopia***  
**REFEREE'S RECOMMENDATION FORM**

To \_\_\_\_\_  
Addis Ababa

\_\_\_\_\_ has submitted an application for the issuance of a Certificate of Professional Competence, which will enable him/her to practice as an \_\_\_\_\_ and has included your name in his/her list of references.

We, therefore, kindly request you to give us your opinion about the applicant by completing this form and return it in a sealed envelope. Any information you provide will be treated in strict confidence.

We thank you for the time and effort you take to complete this form.

Yours sincerely,

1. How long have you known the applicant and under what circumstances? How frequent is (was) your interaction with the applicant?

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2. What are the professional conduct and character of the applicant?

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3. What are the interpersonal skills of the applicant in working with peers, supervisors and subordinates?

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4. What do you consider to be the applicant's strong and weak points?

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5. Please rate/evaluate the applicant using the points listed below.

Rating points	Outstanding	Very good	Good	Average	Below Average	unknown
a) communication skills - Oral - Written						
b) Personal integrity						
c) Professionalism - Competence - Integrity						
d) Independent mental attitude and judgment						
e) Ability to work with others						
f) Leadership ability						
g. Emotional stability and maturity						

6. Any other comment (If the space provided here is not enough, please attach another paper.)

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7. I hereby recommend/do not recommend the applicant to obtain the Certificate of professional Competence.

Name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_