



a place of mind

**Volunteer/Work Experience Reference Form**

Master of Occupational Therapy Program  
Department of Occupational Science & Occupational Therapy  
University of British Columbia



This **Volunteer/Work Experience Reference Form** is intended for referees verifying an applicant's volunteer/work experience. Referees verifying an applicant's academic abilities and suitability to graduate studies must complete the **Academic Reference Form**.

The individual named below is applying for admission to the Master of Occupational Therapy (MOT) program in the Department of Occupational Science & Occupational Therapy at the University of British Columbia.

**Full Name of Applicant:**

All applicants are required to complete a minimum of **70 hours of interactive volunteer or work experience** with individuals with disabilities by **January 15 of the year of intake**. The experience can be paid or unpaid and must include direct in-person contact and interaction with persons with cognitive, emotional or physical disabilities. The purpose of this requirement is to familiarize the applicant with some of the demands, roles and responsibilities of health care professionals, especially as they relate to interacting with clients or patients.

In order for this reference form to be considered official, the form and the envelope's seal **must** be sealed and signed by the referee. The completed and signed form must be mailed to the address below in a sealed and endorsed envelope so as to arrive by the application deadline **January 15**. Faxed or emailed reference forms will not be accepted. Standard reference letters or other reference forms can be supplied **in addition** to this form but will **not** be accepted in lieu.

**Department of Occupational Science & Occupational Therapy  
Attention: MOT Admissions  
T325-2211 Wesbrook Mall  
Vancouver, BC V6T 2B5**

What is the name of the organization or institution where the applicant gained his/her experience?

Can you briefly describe the nature of work conducted by this organization or institution?

What were the applicant's main responsibilities?

How many hours of **interactive, in-person and hands-on experience** with **individuals with cognitive, emotional and/or physical disabilities** did the applicant gain in this role?

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**Please rank the applicant as follows:**

N/A= unable to assess; 0=Poor; 1=Fair; 2=Good; 3=Very Good; 4=Excellent; 5=Outstanding

	Rank	Remarks
Leadership Skills		
Interpersonal Skills		
Communication Skills		
Problem-Solving Skills		
Ethical Conduct		
Suitability to Health Care Role		
Professional Behaviour		

- Please provide any additional comments you think will be helpful in assessing the applicant as a supplementary reference letter, on organization or institution letterhead, and attach it to this reference form.

**REFEREE’S PROFESSIONAL CONTACT INFORMATION**

**Full Name:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By submitting this reference, I verify that the applicant has completed at least **70 hours of interactive, in-person and hands-on experience** with **individuals with disabilities** by the date shown below. I further verify that I am in a supervising position in the above named organization, and am not related to the client(s) the applicant has volunteered or worked with.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

