

# York Community College Ltd.

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[www.yorkcommunitycollege.ca](http://www.yorkcommunitycollege.ca)

Dated: \_\_\_\_\_

To whom may concern,

\_\_\_\_\_ is applying to our professional Holistic Studies Diploma Program and has given us your name as someone who can give them a recommendation. We would be most grateful if you could send this document back to us by email with the questions filled in, at your earliest convenience. You can type directly into the document, save it, and attach it to an email for [admissions@yorkcommunitycollege.ca](mailto:admissions@yorkcommunitycollege.ca)

This recommendation is requested to ensure that the applicant will be well matched to the program and therefore receive the best experience possible.

Please feel free to telephone if this is your preference. However, emailing this back to us allows for more immediate attention to this applicant's file. All responses you give will be kept strictly confidential in the applicant's file.

Thank you very much for your time and consideration.

Pawanjit Brar

Academic Head YCC

## **LETTER OF RECOMMENDATION FORM**

Office Area:

Recommendation form received on: \_\_\_\_\_

Received through: Mail \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Hand Delivered: \_\_\_\_\_

**\*Our programs focus on quality career education in practicing the arts of Oriental Bodywork, Energy Medicine, Oriental Medicine Diagnostic Techniques, Iridology, Elemental Nutrition, Esthetics & Spa Therapies, and other subjects. This applicant will work and study in close proximity with other students and the public during their learning experience.\***

**Reference Name:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

1. How long have you known the applicant and in what capacity?
2. Do you think you would like to receive holistic health and beauty services from this applicant and why?
3. What personal characteristics and qualities have you observed in this applicant that you think would help them as a:
  - a) Student:
  - b) Group member:
  - c) Holistic Health Practitioner:
4. What personal qualities or characteristics do you think might get in the way of their success in this goal? (Each person has strong and weak points and this is to seek balance in the profile)
5. How would you assess the applicant's level of maturity?
6. How would you assess the applicant's ability to take responsibility?
7. What can you tell us about the applicant's ability to communicate, both in terms of expressing their own needs and in responding to the needs of others?

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**8.** Have you had the opportunity to observe the applicant attempt to learn a new skill? If so, how did they approach it and how did they deal with frustration or difficulties and suggestions or corrections?

**9.** How would you assess the energy level and health of the applicant?

**10.** Are you aware of any physical problems or past injuries that might pose a problem in participating in a physically active program? Y / N

**12.** Would you recommend this applicant: (please highlight your answer)

- a) **Highly, without reservation**
- b) **Recommend with the following reservations:**
- c) **Not recommend for the following reasons:**

**Please feel free to include any further information you wish to share about this Applicant that would give us a better opportunity to know them.**

**Thank you very much for your time and attention, as it is very important to the applicant and the admissions staff at Windsong School of Healing.**

**Emailed or Faxed referral documents are accepted means of return. Administration staff may telephone references to confirm receipt.**

**Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_**

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