



PEOPLE'S LEGAL CENTRE COMMUNITY PARALEGAL COURSE

APPLICANT ENDORSEMENT FORM

1. DETAILS OF ENDORSER	
Full name and surname	
Position/Role	
Community Organisation or Group	
Contact Number	
Email Address	

2. Applicant Details	
Full name and surname of Applicant	

2.1 How long have you known the applicant?			
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 - 3 years	<input type="checkbox"/> 3 -5 years	<input type="checkbox"/> 5+ years

2.2 In what capacity do you know the applicant?			
<input type="checkbox"/> Community Volunteer	<input type="checkbox"/> Organisation Member	<input type="checkbox"/> Local Leader	<input type="checkbox"/> Other
If indicated other, please specify:			

3. Assessment of Applicant

Please tick the boxes that best describe the applicant:

Quality / Attribute	Strongly Agree	Agree	Neutral	Disagree
Shows commitment to community work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates leadership and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates clearly and respectfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts with honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is likely to benefit from and apply skills from this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Supporting Comments

Please provide a short statement about the applicant's contribution to the community and why you support their application:

5. Declaration

I confirm that the above information is true to the best of my knowledge and I endorse this applicant for the People's Legal Centre Community Paralegal Training Course.

Signature:

Date:

Official Stamp (if applicable):