



SAIRAC

The South African Institute of Refrigeration and Air Conditioning
www.sairac.co.za

4.5. Referee Report

CONFIDENTIAL

NAME OF APPLICANT: _____ MEMBERSHIP NO: _____

ADDRESS: _____

1. General Information

- a) This document is confidential and is to be completed by the Referee. In addition, the referees are required to initial each section of the entire Application form. Referee forms are to be returned to the address hereunder independently from the Application Form.
- b) My personal knowledge of the applicant's experience in engineering extends from _____ to _____ (month and year as close as possible).
- c) Having read the application, it is my considered opinion the applicant qualifies for Corporate Membership of SAIRAC. Please tick.

YES	NO	NO COMMENT	DO NOT KNOW

- d) My association with the applicant was/is that of : Please tick.

EMPLOYER	COLLEAGUE	SUPERVISOR	If OTHER please describe

- e) Are you related to the applicant by birth or marriage? Yes No

- 2. a) My assessment of the applicant, based on my personal knowledge, is as follows:

	Above Average	Average	Below Average	Do Not Know
Ability to cope with responsibility				
Quality of work				
Applicant of technical knowledge				
Attitude towards the industry				
Technical judgement				

- 3. Note: The Council requires additional remarks concerning the applicants technical achievements, ability and possible limitations to make independent engineering decisions for which he / she will carry final and entire responsibility and at what engineering level. **IT IS ESSENTIAL TO COMPLETE THIS SECTION.**

NAME OF REFEREE: _____ MEMBERSHIP NO: _____

Designation or Title: _____ Qualification: _____

Employer's Name: _____

Employer's Address: _____

Telephone Number: _____

Signature: _____

PLEASE FORWARD TO YOUR LOCAL CENTRE SECRETARY

Cape Town: PO Box 600, Paarden Eiland 7420; capetownsecretary@sairac.co.za

Johannesburg: PO Box 175, Isando 1600; johannesburgsecretary@sairac.co.za

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