



STUMP 4th-8th July 2016 – REFEREE QUESTIONS

STUMP Applicant Name:

STUMP Date:

Referee Name:

Referee Contact Number:

Questions:

1. What is your relationship with (*STUMP applicant*)?
2. Are you aware that (*STUMP applicant*) has applied for STUMP and have asked you to be their reference?
3. Do you feel that (*STUMP applicant*) will be able to cope in the STUMP program and the challenges that STUMP can bring such as less sleep, living in close quarters, unpredictable situations and being confronted by poverty?
4. Have you seen (*STUMP applicant*) cope with stress or high-pressure environments? (Please comment on this.)
5. How do you think the STUMP facilitators could best support (*STUMP applicant*) during the week?
6. (*STUMP applicant*) has written in their application that they have (*any applicable medical conditions*). How do you think we can support them with this and do you think this would hinder their ability in being a part of STUMP?
7. Is there anything else you would like to add that we should be aware of?