

**City Government of Addis Ababa Education & Training Quality Occupational  
Competency Assurance Authority**

**Recommendation Form**

N.B:- We are aware that we are asking for considerable time and effort on your part in completing this form. Your assistance is much appreciated.

**NAME OF APPLICANT** \_\_\_\_\_

The person whose name is indicated above has applied to our agency for Education Consultancy Competency Certificate.

The right engagement in this type of professional practice goes to those persons who are believed to have attained a high professional competence in their long year of experience. It would be of great assistance to us in considering this application and give us your opinion of the candidate in terms of the questions set out below. Any information you provide will be treated in strict confidentiality.

1. How long have you known the candidate and in what connection?

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2. What do you consider as his/her major talents or strengths?

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3. What do you consider as his/her major liabilities or weaknesses?

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4. In what category would you grade the applicant using the following criteria:-

In terms of	Outstanding	Very Good	Good	Average	Poor
Originality					
Intellectual Ability					
Responsibility					
Sociability					

5. Can you describe any situation or incident which illustrates his maturity, purposefulness, initiative or other qualities?

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6. Any other comments

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Name:- \_\_\_\_\_

Organization:- \_\_\_\_\_

Position:- \_\_\_\_\_

Address:- \_\_\_\_\_

Signature:- \_\_\_\_\_ Date \_\_\_\_\_

Many thanks!