|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **References** | | | | |
| Please provide two referees we can contact. Referees can be a teacher, co-worker, your employer or someone who knows you well.  Please let these people know NMIT will be contacting them for a written reference. | | | | |
| **Referee name 1:** |  | **Email:** | |  |
| **Relationship to applicant:** |  | **Employed by:** | |  |
|  | | | | |
| **Referee name 2:** |  | **Email:** | |  |
| **Relationship to applicant:** |  | **Employed by:** | |  |
|  | | | | |
| **Signature** | | | | |
| I authorise NMIT to:   * collect, retain and use this information for the purpose of assessing my application and suitability for the Bachelor of Nursing programme   Under the Privacy Act 1993, you have the right to ask for a copy of all information held about you, and have the right to request the correction of any incorrect information. | | | | |
| Signed by: |  | | Date: |  |

**Health & Fitness Curriculum Area**

**Reference Information**

**Bachelor of Nursing Application Document**

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