**Appendix C – ECDA Fellows**

**Important Notes to Professional Referees**

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| * Your qualitative account of the Applicant’s professional performance and personal qualities are essential to our assessment of his/her potential to be appointed an ECDA Fellow.
* Your letter of reference should provide specific examples that illustrate the Applicant’s abilities in primarily three (3) key areas i.e. Professional Development, Curriculum Leadership and Sector Partnerships. Some guiding questions in each area are as follows:
	+ Professional Development: How has the Applicant built a culture of mentoring and lifelong learning in and/or beyond his/her centre? What qualities does he/she possess to provide support in cultivating this culture?
	+ Curriculum Leadership: How has the Applicant actively advocated and practised pedagogical excellence in and/or beyond his/her centre? What qualities does he/she possess to contribute in leading the sector to practise the same?
	+ Sector Partnerships: How has the Applicant engaged in strategic partnerships in his/her position to promote exemplary practices and exchange of ideas in the field of early childhood education? What qualities does he/she possess to help uplift the quality and profile of the early childhood professionals and sector?
* Your letter of reference should not exceed 2,000 words.
* You must **not** be a family member of the Applicant.
 |

**Appendix C – ECDA Fellows**

**Reference Letter (1)**

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| ***In no more than 2,000 words, please provide your professional opinion/assessment of the Applicant in his/her professional role.***  |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Name  | : | Click here to enter text. |
| Designation / Organisation | : | Click here to enter text. |
| Contact number | : | Click here to enter text. |
| Email  | : | Click here to enter text. |
| Date  | : | Click here to enter a date. |

**Appendix C – ECDA Fellows**

**Reference Letter (2)**

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| ***In no more than 2,000 words, please provide your professional opinion/assessment of the Applicant in his/her professional role.***  |
| Click here to enter text. |

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| Name  | : | Click here to enter text. |
| Designation / Organisation | : | Click here to enter text. |
| Contact number | : | Click here to enter text. |
| Email  | : | Click here to enter text. |
| Date  | : | Click here to enter a date. |