

REFERENCE FORM

SOUTH CAROLINA GOVERNOR'S QUALITY AWARD

_____ has applied to be a member of the Board of Examiners for the South Carolina Governor's Quality Award and has indicated you would serve as a reference.

The role of the Examiners is to evaluate applicants for the South Carolina Governor's Quality Award based on the Award Criteria. They review, comment upon, and score written applications and prepare feedback reports to applicants. They also participate in consensus evaluations and site visits. In doing so, examiners are required to have a broad expertise in business, education, or health care management, process, and results; have knowledge of quality practices and improvement strategies; possess and use good analytical, writing, and verbal communication skills; and work as team members. Examiners must meet the highest standards of qualification and peer recognition.

Please provide a reference relating to your knowledge of the applicant's qualifications to be an Examiner. **Fill out this form and return the original form to the applicant. Please, return your reference form to the applicant promptly so the applicant can submit the completed application to the Award Office.**

From your direct knowledge, please indicate your evaluation of the applicant's ability to assess an organization's efforts in the seven categories of the South Carolina Governor's Quality Award.

	Unknown	Unqualified	Qualified	Highly Qualified	Leading Expert
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer and Market Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Development and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From your direct knowledge, indicate your assessment of the applicant in these areas:

	Unknown	Unsatisfactory	Satisfactory	Highly Satisfactory	Outstanding
Broad expertise & experience in quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad expertise & experience in business, health care, or education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Applicant Name: _____

Reference Name: _____

Title: _____

Employer: _____ **Years Known Applicant:** _____

Phone Number: _____

Please use the space below to describe the applicant's qualifications to be an Examiner.

Reference Signature: _____ **Date:** _____