

REFEREE REPORT FOR GRADUATE PROGRAMS IN PSYCHOLOGY OR COUNSELLING



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

IMPORTANT NOTE: All applicants should refer to the 'Additional Information for Graduate Programs in Counselling or Psychology' document outlining application requirements (available from www.vu.edu.au/apply) before completing this form.

The person named has applied for a place in one or more postgraduate degree courses and has named you as a professional/personal referee in support of his/her application/s. The section below should be completed and then photocopied if it is to be used in support of applications to more than one course. Please assess the applicant according to their professional performance, independent work and suitability for the area they wish to study. For further information contact the Student Centre, Faculty of Arts, Education and Human Development on +61 3 9919 4409.

The material you provide on this form is confidential in accordance with Section 35 of the Freedom of Information Act 1982 (Victoria). We thank you for your assistance. No acknowledgement will be forwarded.

Please write in BLOCK LETTERS using a black or blue pen.

THIS IS: A PROFESSIONAL REFEREE REPORT AN ACADEMIC REFEREE REPORT

APPLICANT DETAILS (TO BE COMPLETED BY APPLICANT)

TITLE: _____ FAMILY NAME: _____
GIVEN NAME: _____ DATE OF BIRTH: ____/____/19____
STREET NUMBER AND NAME: _____
SUBURB: _____ STATE: _____ POSTCODE: _____
HOME PHONE: _____ MOBILE PHONE: _____
EMAIL ADDRESS: _____ COURSE CODE: _____
COURSE NAME (in full): _____

REFEREE DETAILS (TO BE COMPLETED BY REFEREE)

TITLE: _____ FAMILY NAME: _____
GIVEN NAME: _____
STREET NUMBER AND NAME: _____
SUBURB: _____ STATE: _____ POSTCODE: _____
POSITION: _____ ORGANISATION: _____
BUSINESS HOURS PHONE: _____ MOBILE PHONE: _____
EMAIL ADDRESS: _____

This form should be returned by the timely application date to:

PSYCHOLOGY COURSE COORDINATOR
SCHOOL OF SOCIAL SCIENCES AND PSYCHOLOGY
ST ALBANS CAMPUS
VICTORIA UNIVERSITY
PO BOX 14428
MELBOURNE VIC 8001

Or fax to: +61 3 9919 2218

ACADEMIC REFEREES ONLY TO COMPLETE

Applicant's final examination result from _____ University.

Please indicate whether: PREDICTED ACTUAL NOT KNOWN BY REFEREE
 H1 H2A UPPER H2A LOWER OTHER (PLEASE SPECIFY)

ACADEMIC AND PROFESSIONAL REFEREES TO COMPLETE

Please complete the following ratings based on your perceptions of the applicant.
 If possible, compare the applicant with persons of a similar age, or other psychology students at the same year level (academic referees).

		Outstanding Top 5%	Superior Top 5-10%	Very Good Top 10-25%	Good Top 25-40%	Average Top 40-60%	Below Average Bottom 40%	Don't Know N/A
ACADEMIC REFEREES TO COMPLETE ALL		Academic ability						
		Research ability						
		Writing skills						
		Oral skills						
	PROFESSIONAL REFEREES THIS SECTION ONLY	Organisational skills						
		Interpersonal skills						
		Perseverance						
		Flexibility/Adaptiveness						
		Emotional Maturity						
		Self-reflective capacity						

Your level of knowledge of the applicant: HIGH MEDIUM LOW

How long have you known the applicant and in what capacity? (Professional referees ONLY)

Based on your knowledge of the applicant, please indicate the level of your support for his/her application:

UNRESERVED STRONG MODERATE RESERVED NIL

Please use the space below to make your comments regarding the applicant and your perception of the applicant's suitability for the course.

REFEREE SIGNATURE: _____ DATE: _____ / _____ /20