



SWINBURNE
UNIVERSITY OF
TECHNOLOGY

PROFESSIONAL / PERSONAL REFEREE REPORT POSTGRADUATE PSYCHOLOGY PROGRAMS

This Referee Report should be completed by applicants seeking entry into the following programs only:

- Doctor of Psychology (Clinical Psychology)
- Doctor of Psychology (Counselling Psychology)
- Master of Psychology (Clinical) *
- Master of Psychology (Counselling)
- Graduate Diploma of Science (Clinical Psychology) *

* NB: These programs are not available to International students

Attention all applicants:

In addition to completing and lodging an application form for studies at Swinburne, you must arrange to supply both an 'Academic Referee Report' and a 'Professional/Personal Referee Report' for each of the above-mentioned programs for which you are applying.

Applicants should complete the first page of both referee forms and forward the forms to the appropriate referees together with a stamped envelope, addressed as shown below. You should advise your referees to forward the completed forms to the Faculty of Life and Social Sciences **by the last Friday in October** (for applications for the following year's intake.)

Postal Address

Postgraduate Psychology Selection Officer
Faculty of Life and Social Sciences (H31)
Swinburne University of Technology
PO Box 218
Hawthorn VIC 3122
AUSTRALIA

Contact details

Telephone enquiries: (03) 9214 5209
Facsimile: (03) 9819 0574
Email: LSSinfo@swin.edu.au

Full Name of Applicant.....

Program for which you are applying.....

Name of Professional Referee.....

Referee's Position.....

Referee's Relationship to Applicant.....

PROFESSIONAL REFEREE'S CONTACT DETAILS:

Employer /Organisation.....

Address.....

Phone (.....) Fax (.....)

Email.....

Closing Date - Last Friday of October (for applications for the following year's intake)

PROFESSIONAL/PERSONAL REFEREE REPORT – CONFIDENTIAL

The person named below has applied for a place in one or more postgraduate Psychology courses at Swinburne University of Technology and has named you as an Professional/Personal referee in support of his/her application/s. Please complete the section below and ensure both pages of this form are forwarded to Swinburne University of Technology in the stamped envelope, provided by the applicant by the closing date (last Friday in October for applications for the following year's intake).

The material you provide on this form is confidential in accordance with Section 35 of the Freedom of Information Act 1982 (Victoria).

Name of Applicant:

Name of Referee:.....

Please outline your view of the candidate's ability to:

- a. Be part of a team:.....
.....
- b. Work independently:.....
.....
- c. Work with people:.....
.....
- d. Overall quality of interpersonal relationships:.....
.....

Please complete the following ratings based on your perceptions of the applicant. If possible, compare the applicant with people of similar age.

	Outstanding Top 5%	Superior Top 6-10%	Very Good Top 11-25%	Good Top 26-40%	Average Top 41-60%	Below Average Bottom 40%	Don't know/ Not applicable
Interpersonal communication skills							
Organisation skills							
Critical and analytical thinking							
Initiative and motivation							
Perseverance and maturity							
Capacity to work without close supervision							
Professional standing							
Ability to deal with stress							
Productive response to criticism							
Capacity to work with others							

Your level of knowledge of the applicant: High Medium Low

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

Unreserved Strong Moderate Reserved Nil

Professional/Personal Referee's Signature..... Date...../...../.....