



**POSTGRADUATE PSYCHOLOGY COURSES REFEREE REPORT**

**CONFIDENTIAL ACADEMIC REFEREE FORM**

*Doctor of Psychology in Clinical/Clinical Neuropsychology at Monash University*

**This section is to be completed by the APPLICANT before passing to a referee.**

Please tick the course(s) that the applicant has applied for:

Clinical Psychology  Clinical Neuropsychology

Name of Applicant: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work/Mobile.: \_\_\_\_\_

**Due Date for Referee Report: 29<sup>th</sup> October 2008**

**Notes for Referee:**

The above named applicant has nominated you as one of his/her referees in support of a postgraduate program offered by Monash University. To assist the selection committee, would you please offer your written comments on the page following and return to the address listed below. All referees' reports are treated in the strictest confidence. The committee takes this opportunity to thank you in advance for your assistance.

Name of Referee: \_\_\_\_\_

Referee's Position: \_\_\_\_\_

Referee's Relationship to Applicant: \_\_\_\_\_

Address/Institution: \_\_\_\_\_

Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Return to:**

**The Postgraduate Studies Office**  
**School of Psychology, Psychiatry and Psychological Medicine**  
**Building 17**  
**Monash University, Victoria 3800**  
Tel: (03) 9905 4359 or (03) 9905 1232 Fax: (03) 9905 3948  
Email: [dpsych.enquiries@med.monash.edu.au](mailto:dpsych.enquiries@med.monash.edu.au)

**PLEASE COMPLETE BOTH PAGES AND RETURN BY 29<sup>th</sup> OCTOBER, 2008**

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

**Please tick the course(s) that the applicant has applied for:**

Clinical Psychology  Clinical Neuropsychology

Name of Applicant:.....

Name of Referee:.....

Applicant's final examination results from .....University:

Please indicate whether Predicted  or Actual

Not known  H1  H2A  H2A  Other   
 by referee Upper Lower Please specify:.....

Please complete the following ratings based on your perceptions of the applicant. If possible, compare the applicant with other 4<sup>th</sup> year psychology students.

	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
Academic Ability							
Research Ability							
Writing Skills							
Oral Skills							
Organisational Skills							
Interpersonal Skills							
Perseverance							
Flexibility/Adaptiveness							

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

Please indicate your view of the applicant's suitability for profession training in the areas for which the applicant has applied (please print clearly):

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Signature:..... Date:.....



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Address/Institution: \_\_\_\_\_

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Signature:..... Date:.....



**POSTGRADUATE PSYCHOLOGY COURSES REFEREE REPORT**

**CONFIDENTIAL PERSONAL/PROFESSIONAL REFEREE FORM**

*Doctor of Psychology in Clinical/Clinical Neuropsychology at Monash University*

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Please tick the course(s) that the applicant has applied for:

Clinical Psychology  Clinical Neuropsychology

Name of Applicant: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work/Mobile.: \_\_\_\_\_

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