

Master of Psychology (Clinical)

Referee Report Form 2011

SECTION A

Referee Name		
Referee Address		
Phone number	Area code	
Email Address		
Position or Affiliation		
Signature		

Name of person for whom you are providing the reference	
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SECTION B

How long and in what capacity have you known this applicant?

Please use a separate sheet of paper if necessary

Please provide ratings of this applicant's suitability for training as a clinical psychologist, as follows:

	Excellent	Very Good	Good	Poor	N/A
Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence in written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in relating to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of ethical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A (Not Applicable) – for use if you have insufficient knowledge of the candidate to rate this quality

SECTION C

Other comments:

Thank you for agreeing to act as a referee

Please ensure that this completed form reaches Carmen Rayner by 15 November 2010

Postal address: School of Psychology,
The University of Adelaide,
Adelaide, South Australia 5005

Fax: (08) 8303 3770

If you have any queries, please contact

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