This Professional/Personal Referee Report should be completed by applicants seeking entry into the following courses:

- Master of Psychology (Clinical)
- Doctor of Psychology (Clinical)
- Master of Psychology (Clinical) /Doctor of Philosophy

Applicants must submit the Academic Referee Report and the Professional/Personal Referee Report, for each course you are applying. Applicants should complete the forms, and forward them to the appropriate referees, together with a stamped envelope, addressed to ACU National. The referee should forward completed forms to:

**School of Psychology:**
Postal Address: Locked Bag 4115 DC FITZROY VIC 3065
Inquiry Telephone: Shelagh Kavanagh, Administrative Officer, School of Psychology Ph: 03 9953 3106
Facsimile: Shelagh Kavanagh, Administrative Officer, School of Psychology Fax: 03 9953 3205

**APPLICANT DETAILS**
Name of Applicant: 
Application for: Course/s.
Name of Referee: 
Referee’s Position: 
Referee’s Relationship to Applicant: 
Due Date for Referee Report: 31/10/2008

**REFEREE’S CONTACT DETAILS:**
Address: 
Phone: ( ) Fax: ( ) Email: 

PROFESSIONAL/PERSONAL REFEREE REPORT – CONFIDENTIAL

The person named below has applied for a place in one or more postgraduate Psychology courses at ACU National and has named you as a professional/personal referee in support of his/her application/s. The section below should be completed and a copy provided in support of each course for which he/she has applied. Please ensure both pages of this form are forwarded to ACU National in the stamped envelope, provided by the applicant.

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 complete the following ratings based on your perceptions of the applicant. If possible, compare the applicant to persons of a similar age.

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<th>Outstanding (Top 5%)</th>
<th>Superior (Top 6-10%)</th>
<th>Very Good (Top 11-25%)</th>
<th>Good (Top 26-40%)</th>
<th>Average (Top 41-60%)</th>
<th>Below Average (Bottom 40%)</th>
<th>Don’t Know</th>
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<tbody>
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<td>Organisational Skills</td>
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<td>Interpersonal Skills</td>
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<td>Perseverance</td>
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<td>Flexibility/Adaptiveness</td>
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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 ☐

Comments: ..........................................................................................................................................................................
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Professional/Personal Referee’s Signature

Date ☐☐/☐☐/☐☐