Confidential Academic Referee Report 

Notes to Academic Referees

This form is to be used by academic referees to provide a confidential report on a student seeking admission into a **Deakin University** postgraduate professional psychology program: specifically the Doctor of Psychology (Clinical) (a higher degree by research); the Doctor of Psychology (Health) (a higher degree by research); and / or the Master of Psychology (Clinical).

Students commonly apply for multiple courses at both Masters and Doctoral levels. Although you may use the same form for the three courses named above, it is important that your Recommendation and Comments at the end of the form, relate to entry into a named course.

* If the student is applying for both the Doctor of Psychology and the Masters of Psychology programs you will be asked to provide a separate recommendation and comments for each course, as they are at different levels i.e., the Doctor of Psychology is a higher degree by research and requires high level capacity for the conceptualisation, conduct and production of a thesis at that level.
* If the student is applying for entry into both the Doctor of Psychology (Clinical) and the Doctor of Psychology (Health) programs, you are not required to provide a separate recommendation and comments for each course as they are at the same level (although you may do so if you wish).

Our process of ranking will be assisted if you are able to indicate your knowledge of, or expectation for, this student in terms of their actual or their predicted level of Honours (or equivalent) e.g., First Class, Upper second Class (2A), Lower second Class (2B), as well as any publications completed or in preparation that may lift their ranking.

All referee’s reports are treated in the strictest confidence in accordance with Commonwealth and State privacy and freedom of information laws.

**PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT**

The Academic referee must:

* Email the completed form directly to Deakin University in PDF format to psych-enquiries@deakin.edu.au

OR

* Post the completed form to:

School of Psychology, Faculty of Health

Deakin University
Locked Bag 20001
Geelong Victoria 3220

Australia

**Please return your completed report by Friday 31 October.**

Thankyou; the selection team are grateful for your assistance.

**Confidential Academic Referee Report**

# For admission into a Deakin University Psychology Postgraduate Professional Program

|  |
| --- |
|  |
| All referee’s reports are treated in the strictest confidence in accordance with Commonwealth and State privacy and freedom of information laws. |
|  |
| **Applicant is applying for admission into the following Deakin University course(s):** |
|  |
| H750 Master of Psychology (Clinical) [ ]   | H951 Doctor of Psychology (Clinical) [ ]  | H953 Doctor of Psychology (Health) [ ]   |
|  |
| **Applicant Details *(to be completed by applicant)*** |
|  |
| Family Name: |  | Given Name: |  |
| Contact Telephone: |  | Email: |  |
|  |  |
| Applicant’s final results from which university: |  |
|  |
| **Referee Details** |
|  |
| Referee’s Name: |  | Position: |  |
| Institution: |  |
| Department: |  |
| Telephone: |  | Email: |  |
| Referee’s relationship to the applicant: |  |
|  |
| **In what capacity and for how long have you known the applicant?** |
|  |
|  |
| **Rate your level of knowledge of the applicant:** |
|  |
| High [ ]  | Medium [ ]  | Low [ ]  |
|  |
| **Please complete the following ratings based on your perceptions of the applicant:** |
|  |
|  | **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** |  |  |  |  |  |  |  |
| **Interpersonal skills** |  |  |  |  |  |  |  |
| **Ability to work independently** |  |  |  |  |  |  |  |
| **Ability to work as part of a team** |  |  |  |  |  |  |  |
| **Initiative and motivation** |  |  |  |  |  |  |  |
| **Maturity and stability** |  |  |  |  |  |  |  |
| **Ability to accept feedback** |  |  |  |  |  |  |  |
| **Ability to work under stress** |  |  |  |  |  |  |  |
| **Suitability for client / professional placement work** |  |  |  |  |  |  |  |
| **Suitability for professional training in psychology** |  |  |  |  |  |  |  |
|  |
| **What are the applicant’s major strengths?** |
|  |
|  |
|  |
|  |
|  |
|  |
| **What, if any, are the applicant’s weaknesses?** |
|  |
|  |
|  |
|  |
|  |
|  |
| If possible, please indicate your knowledge of, or expectation for, this applicant in terms of their actual or their predicted level of Honours (or equivalent) e.g., First Class, Upper second Class (2A), Lower second Class (2B), as well as any publications completed or in preparation that may lift their ranking. |
|  |
|  |
|  |
|  |
|  |
|  |
| **Recommendation and Comments: *(individualised for each course)*** |
|  |
| **Based on your knowledge of the applicant, please indicate the level of your support for his / her application:**If the applicant is applying for both the Masters and Doctoral program(s), please complete this rating and any comments specifically with respect to the relevant program(s). |
|  |
| **Course:** |
| H750 Master of Psychology (Clinical) [ ]   | H951 Doctor of Psychology (Clinical) [ ]  | H953 Doctor of Psychology (Health) [ ]   |
| Unreserved [ ]  | Strong [ ]  | Moderate [ ]  | Reserved [ ]  | Nil [ ]  |
| **Any other comments:** |
|  |
|  |
|  |
|  |
|  |
|  |
| **Course:** |
| H750 Master of Psychology (Clinical) [ ]   | H951 Doctor of Psychology (Clinical) [ ]  | H953 Doctor of Psychology (Health) [ ]   |
| Unreserved [ ]  | Strong [ ]  | Moderate [ ]  | Reserved [ ]  | Nil [ ]  |
| **Any other comments:** |
|  |
|  |
|  |
|  |
|  |
|  |
| **Course:** |
| H750 Master of Psychology (Clinical) [ ]   | H951 Doctor of Psychology (Clinical) [ ]  | H953 Doctor of Psychology (Health) [ ]   |
| Unreserved [ ]  | Strong [ ]  | Moderate [ ]  | Reserved [ ]  | Nil [ ]  |
| **Any other comments:** |
|  |
|  |
|  |
|  |
|  |
|  |
| **Please attached any further information you believe is relevant** |
|  |
| No further information [ ]  | Further information attached [ ]  |
|  |
| **Signed:** |  |  |
|  |
| **Name:** |  |  |
|  |
| **Date:** |  |  |