

REFEREE'S REPORT

MASTER OF COUNSELLING

The School of Psychology &

The School of Social Work & Human Services



THE UNIVERSITY
OF QUEENSLAND

A U S T R A L I A

CRICOS Provider Number 00025B

1 For completion by candidate

Title: _____

Family name: _____

Given names: _____

Please attach the completed Referee's Report to your application.

2 For completion by referee

Title/Position: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

How long and in what context have you know the candidate?

Academic Skills

Please tick where appropriate	Excellent	Above Average	Average	Below Average	Poor	Examples
Academic ability						
Verbal skills						
Critical thinking and analysis						
Conscientiousness and Motivation						
Realistic plans for completing program						

Interpersonal Skills

Please tick where appropriate	Excellent	Above Average	Average	Below Average	Poor	Examples
Listening skills						
Warmth and genuineness in relating to others						
Comfortable with diversity						
Ability to work cooperatively in groups						

Personal Characteristics

Please tick where appropriate	Excellent	Above Average	Average	Below Average	Poor	Examples
Emotional maturity and stability						
Openness to personal exploration and development						
Self-awareness						
Ability to deal with stress						
Motivation towards counselling						

Personal suitability for training

Level of support you would give to this application

- Outstanding
- Above Average
- Average
- Poor
- Not suitable at all

- Unqualified
- Very strong
- Strong
- Limited
- None

Language Skills

If English is not the candidate's first language please rate ability in	Excellent	Above Average	Average	Below Average	Poor
Spoken English					
Written English					
Comprehension					

Other comments

Please give your opinion of the candidate's suitability for postgraduate study in counselling (including strengths and weaknesses)

REFEREE'S SIGNATURE

Signature: _____

Date: _____