Confidential REFEREE'S REPORT

INSTRUCTIONS TO APPLICANT

- 1. Please complete both sections (A) and (B).
- 2. Forward this form and a pre-addressed envelope to each referee.

INSTRUCTIONS TO REFEREE

(A) NAME OF APPLICANT

- 1. Please complete section (C) on the reverse side of this form.
- 2. Fax or post your report in the pre-addressed envelope.

The University of South Australia reserves the right to make such enquiries about the details in this report as it thinks desirable.

	FAMILY NAME	
	GIVEN NAME(S)	TITLE (eg DR/MR/MS/MISS)
	PERMANENT HOME ADDRESS	
(B)	NAME OF REFEREE	
	FAMILY NAME	
	GIVEN NAME(S)	TITLE (eg DR/MR/MS/MISS)
	POSITION	
	EMPLOYER	
	CONTACT ADDRESS	
	TELEPHONE	FACSIMILE
	EMAIL ADDRESS	

University of South Australia Strategic Partnerships GPO Box 2471 Adelaide SA 5001 Telephone (08) 8302 0801 Facsimile (08) 8302 0805

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2) In what connection have you	known the app	licant?					
3) Please complete the following	a table, compari	ing the applica	ant with others ve	ou have know	rn		
during your professional care	er.		•				
CHARACTERISTICS	EXCEPTIONAL	VERY GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE		
	TOP 2%	TOP 10%	TOP 30%	MIDDLE 40%	BOTTOM 30%	UNKNOWN	
NTELLECTUAL ABILITY							
LEADERSHIP QUALITIES							
MATURITY							
ABILITY TO WORK WITH OTHERS							
SELF-CONFIDENCE							
RELIABILITY							
CAPACITY FOR ORIGINAL THOUGHT							
ABILITY TO ANALYSE PROBLEMS							
ORAL COMMUNICATION SKILLS							
WRITTEN COMMUNICATION SKILLS							
NITIATIVE							
MOTIVATION FOR POST-GRADUATE STUDY							
COMPLETION OF PROJECTS							
4) In relation to the applicant's ma	nagement noter	atial places ind	licate the applicant	t's major stron	oths and areas for i	mnrovemen	
	magement poter	itiai, piease iiiu			guis and areas for i	mprovemen	
Strengths			Areas for improvement				
5) Other comments relevant to t	he applicant's a	bility to under	take postgraduat	e studies.			

SIGNATURE DATE