



List any other information to be taken into account in support of your application, attach statement if necessary


List membership of professional societies (state grade) and any prizes or scholarships you have gained


### Confidential Referees

Written referee reports are required from two professional sources. Attached please find two blank Confidential Referee Reports which must be forwarded to each of your nominated referees for completion. It is your responsibility to ensure that the completed referee reports are returned to the University.

Please provide details of your nominated referees below (in block letters)

**First Referee: A senior physiotherapist or doctor of medicine with whom you have worked in a clinical capacity**

Name			
Address			
Telephone		Fax Number	

**Second Referee: A senior physiotherapist with whom you have worked in a clinical capacity**

Name			
Address			
Telephone		Fax Number	



# Confidential Referee Report 1

Division of Health Sciences  
School of Physiotherapy

## Required for the Program:

Master of Musculoskeletal and Sports Physiotherapy, IMPX  
[and nested Graduate Certificate in Physiotherapy (Musculoskeletal  
Physiotherapy , ICPY)]

Applicant Name	
Program	

The above applicant has nominated you as a referee for their program of study application. As the number of applications we can accept is limited, any information you are able to provide will be most valuable to the Higher Degrees Selection Committee.

<i>Circumstances under which you know the applicant.</i>

<i>Please comment on the applicant's personal character.</i>

## Confidential Referee Report (Continued)

Please comment on the applicant's professional competence, including:

- *Ability to carry out a comprehensive, logical and safe subjective and physical examination*


- *Ability to plan and implement specific treatments and broader management based on assessment findings*


- *Clinical reasoning proficiency*


- *Ability to work in an organised and logical manner*


- *Ability to establish and maintain professional relationships with clients and staff*


## Confidential Referee Report (Continued)

**Please comment on the applicant's experience and competence in the sporting context, either as a participant or health professional.**


**Any other comments.**


Referee Signature		Date	
Name			
Position			
Organisation			
City			
Country			

Completed forms for **International applicants** should be sent by mail to

**Mail Referee Report to:**  
 UniSA International  
 University of South Australia  
 GPO Box 2471  
 Adelaide SA 5001  
 AUSTRALIA

or

**Fax Referee Report to:**  
 University of South Australia  
**(08) 8302 0233**

Completed forms for **Australian Citizen or Permanent Resident** applicants should be sent by mail to:

Academic Services Officer  
 Division of Health Sciences  
 University of South Australia  
 City East Campus  
 GPO Box 2471  
 Adelaide SA 5001  
 Telephone: +61 8 8302 1820

**Fax applications:**  
 Academic Services Officer  
 Division of Health Sciences  
 University of South Australia  
 Fax Number: +61 8 8302 1116



## Confidential Referee Report 2

Division of Health Sciences  
School of Physiotherapy

### Required for the Program:

Master of Musculoskeletal and Sports Physiotherapy, IMPX  
[and nested Graduate Certificate in Physiotherapy (Musculoskeletal  
Physiotherapy , ICPY)]

Applicant Name	
Program	

The above applicant has nominated you as a referee for their program of study application. As the number of applications we can accept is limited, any information you are able to provide will be most valuable to the Higher Degrees Selection Committee.

<i>Circumstances under which you know the applicant.</i>

<i>Please comment on the applicant's personal character.</i>

## Confidential Referee Report (Continued)

Please comment on the applicant's professional competence, including:

- *Ability to carry out a comprehensive, logical and safe subjective and physical examination*


- *Ability to plan and implement specific treatments and broader management based on assessment findings*


- *Clinical reasoning proficiency*


- *Ability to work in an organised and logical manner*


- *Ability to establish and maintain professional relationships with clients and staff*


## Confidential Referee Report (Continued)

**Please comment on the applicant's experience and competence in the sporting context, either as a participant or health professional.**


**Any other comments.**


Referee Signature		Date	
Name			
Position			
Organisation			
City			
Country			

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