



THE UNIVERSITY OF  
MELBOURNE

Faculty of Medicine, Dentistry & Health Sciences  
Melbourne School of Population Health

## PROFESSIONAL REFEREE REPORT FOR POSTGRADUATE COURSEWORK PROGRAM

(Australian & New Zealand Citizens and Permanent Residents)

You have been nominated as a Professional referee by an applicant for a Postgraduate Coursework Program in the School of Population Health at the University of Melbourne.

The content of your report will be confidential to the members of the relevant Postgraduate Studies Selection Committee, and will not be shown to the student concerned unless permission is granted in writing by the referee. You are kindly requested to ensure that your reference is received by the closing date indicated below.

### Applicant Details (Applicant to complete)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

Closing date for Applications: \_\_\_\_\_

#### Applicant's proposed Course of Study:

- |  |   |
|--|---|
| <input type="checkbox"/> Postgraduate Certificate in Biostatistics                 | <input type="checkbox"/> Master of Biostatistics          |
| <input type="checkbox"/> Postgraduate Certificate in Public Health (Sexual Health) | <input type="checkbox"/> Master of Epidemiology           |
| <input type="checkbox"/> Postgraduate Diploma in Biostatistics                     | <input type="checkbox"/> Master of Health Social Sciences |
| <input type="checkbox"/> Postgraduate Diploma in Health Social Sciences            | <input type="checkbox"/> Master of Public Health          |

### Professional Referee Details (Applicant to complete)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Qualifications: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

### Professional Referee Information (Referee to complete)

Capacity in which you have known the applicant and duration of contact:

\_\_\_\_\_  
\_\_\_\_\_

Years from:

Day   Month   Year

TO Day   Month   Year

Please comment on the applicant's personality, creativity, initiative and maturity.

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Please comment on the applicant's clarity of thinking, analytical skills and organizational abilities.

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Please comment on the applicant's ability to be part of a team, as well as the ability to work independently, and the overall quality of the applicant's interpersonal relationships.

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Please comment on the applicant's strengths.

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Please comment on the applicant's weaknesses.

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Please comment on the applicant's oral and written communication skills.

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Please include any further comments you wish to make about this applicant's performance and/or ability to undertake postgraduate study.

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**In summary**, how do you recommend the applicant?

Strongly Recommend

Recommend

Do not Recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this report and return to:**

The Selection Officer  
Academic Programs Office  
School of Population Health  
Level 4, 207 Bouverie Street  
The University of Melbourne  
Victoria 3010.

**Faxed copies not accepted**

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