I,

|  |
| --- |
|  |

(Applicant’s name)

 authorise

|  |
| --- |
|  |

(Referee’s name)

to provide a confidential reference about me to the Selection Panel for the Clinical Psychology Programme.

|  |  |
| --- | --- |
| **Applicant’s Signature:**     | **Date**   |

The Selection Committee would appreciate your opinion on the applicant’s suitability to enrol in this programme. We would appreciate specific comments on the qualities relevant to the selection of Clinical Psychology students by typing on the form provided. If you do not have experience of the applicant relating to a specific question please say so. This will not necessarily be detrimental to the applicant, as they have been asked to provide two referees, who, between them, will cover all areas.

**References will NOT be accepted from family members or friends.** Please note that a delay in providing us with the reference could impact the selection process.

Your reference is confidential to the Selection Committee and will not be shown or discussed with the applicant. We may contact you to discuss the applicant in more detail.

The Childrens Act 2014 requires that employers complete a risk assessment of workers engaged with children. Students who complete placements in such agencies must also comply with the Act. For this reason the School of Psychology must complete a risk assessment before the student’s place in the programme is confirmed. An essential part of this risk assessment, as required by the Act, is that a reference check is completed with the student’s referees. The student’s place in the programme cannot be confirmed until such time as this information is provided.

Please return this reference before the 30th of October to psych-postgradapp@auckland.ac.nz

***Thank you for taking the time to complete this reference***

|  |  |
| --- | --- |
| Contact phone number\*: |  |
| Email address\*: |  |
| In what capacity do you know the Applicant?\* |  |
| How long have you known the Applicant?\* |  |
| Do you have any concerns about the Applicant’s suitability to work with children?\* |  |
| Are there matters you would like to discuss by phone?\* |  |
| Referee’s signature\* + Date |  |

WHERE POSSIBLE PLEASE GIVE EXAMPLES OF WHAT YOU HAVE ACTUALLY OBSERVED

**Academic:** Please comment on the Applicant’s academic ability. In your opinion do you think the Applicant has the academic ability and perseverance to succeed in an intensive postgraduate programme?

|  |
| --- |
|  |

**Communication skills:** Please comment on the Applicant’s ability to communicate with a wide range of people in a non-judgemental, accepting and genuine manner. This includes good listening skills as well as being able to express themselves clearly.

|  |
| --- |
|  |

**Compassion:** Please comment on the Applicant’s ability to be warm, supportive and patient, and if this is readily noticed by others.

|  |
| --- |
|  |

**Self-awareness:** Please comment on the Applicant’s awareness of his/her own values, motivations, and issues/limitations.

|  |
| --- |
|  |

**Cultural sensitivity:** Please comment on the Applicant’s experience with a level of sensitivity towards people from different cultural backgrounds.

|  |
| --- |
|  |

**Ability to contribute:** Please comment on the Applicant’s ability to contribute to a group (staff team, student class), including willingness to offer ideas, skills and knowledge, assertiveness, ability to be cooperative and supportive of others.

|  |
| --- |
|  |

**Limitations:** Please describe any reservations you have about the Applicant’s suitability to train and work as a Clinical Psychologist.

|  |
| --- |
|  |

**Other\*:** Please state whether you would employ or want to work alongside the Applicant as a Supervisor again, and if no, please explain why.

|  |
| --- |
|  |

Are there any other comments you would like to make?\* (If no, please say so.)

|  |
| --- |
|  |

**Thank you for taking the time to provide this information.**