

## REFEREE'S REPORT

*To be completed by a professional referee (e.g. supervising physiotherapist or medical practitioner) who has known the applicant in a professional capacity for a minimum of six months.*

IN CONFIDENCE

Send to: Postgraduate Officer  
School of Physiotherapy  
The University of Melbourne  
Victoria 3010

Fax (+61 3) 8344 4188

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### Section 1

*To be completed by applicant:*

Name of applicant	
Program applied for	
Closing date for applications	

*To be completed by referee:*

Name of referee	
Full address of referee	
Qualifications	
Relationship to applicant	

### Section 2: Guide for Referee

*The content of your report, completed overleaf, will be confidential to the members of the Postgraduate Studies Selection Committee.*

*You are kindly requested to ensure that your reference is received by the closing date indicated above.*

**Section 3: Referee's Confidential Report** *(Please type)*

*Please comment on the applicant's suitability to undertake the postgraduate course applied for and his/her level of clinical competence.*

Referee's Name *(please print)*

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Signature

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Date

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