

Supplementary Application Form

Master of Occupational Therapy (Mode 2 only)

2 x Confidential Reports of an Academic Referee

INSTRUCTIONS

You have been nominated as an academic referee to provide a confidential report for an applicant for candidature into a Master level program within the Department of Occupational Therapy.

Master of Occupational Therapy (Mode 2: 50% coursework 50% thesis)

NOTES FOR THE REFEREE

- **Do not** return this form to the applicant
- All applicants for candidature into a Master level program, where there is a significant research component, within the Department of Occupational Therapy are required to nominate two referees who are prepared to support their application. Applicants must provide each nominated referee with a copy of this form for completion and return direct to the University.
- Referee's comments are taken into account when assessing an application for candidature. The University is particularly interested in the referee's opinion of the applicant's previous clinical qualifications, and research experience (as applicable), academic ability, and potential as a research student.
- Referee's comments and opinions will be treated confidentially in assessing the suitability of the applicant for the above candidature.
- **Further information**
If you have any queries regarding this form, please contact the Postgraduate Student Services Officer in the Department of Occupational Therapy on (03) 9479 5815.
- **Submission information**
This form should be sent directly to:
Postgraduate Student Services Officer
Faculty of Health Sciences
La Trobe University Vic 3086
- **Closing date**
Please return this form by

Confidential Report of an Academic Referee
nominated by an applicant for admission to a Master
program in the Department of Occupational Therapy

SECTION A Personal Information

(to be completed by the applicant before forwarding this form to the referee)

Family name: _____ Dr/Mr/Mrs/Ms/Miss: _____

Other names : _____

Proposed research topic: _____

Master of Occupational Therapy (mode 2)

SECTION B: Referee's Report

(to be completed by the referee; DO NOT RETURN THIS FORM TO THE APPLICANT)

Where appropriate . Please type or print written responses.

1. At which stage did you know the applicant (e.g., Year 1, Honours year etc)? _____

2. How well do you know the applicant? very well not very well

3. How do you rate the applicants academic ability?
 outstanding (top 5%) excellent (top 10%) good (top 20%)
 mediocre (top 40%) poor

4. What degree of promise does the applicant have as a candidate for a higher degree researcher?
 excellent very good good
 reasonable poor

5. In your view, does/will the applicant have qualifications that equate to a first class honours degree?
 Yes No
 If not, what standard do you expect will be attained? _____

6. What is the actual/likely ranking of the applicant in the relevant peer group? (e.g., 6th in a class of 10)

7. If the applicant has completed a thesis, based on the research completed, how do you rate the thesis?
 excellent very good reasonable poor

8. What is the applicant's capacity to communicate in English?
 a) **Written:** excellent very good good reasonable poor
 b) **Oral:** excellent very good good reasonable poor

9. What degree of support do you provide for the applicant as a suitable candidate for a research degree?
 unreserved very strong strong
 reserved none

10. Please provide any comments on the applicant which you believe are relevant to the pursuit of candidature for higher degree studies.

SECTION C: Referee's Details

Name: _____ Present position: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Confidential Report of an Academic Referee nominated by an applicant for admission to a Master program in the Department of Occupational Therapy

SECTION A Personal Information

(to be completed by the applicant before forwarding this form to the referee)

Family name: _____ Dr/Mr/Mrs/Ms/Miss: _____

Other names : _____

Proposed research topic: _____

Master of Occupational Therapy (mode 2)

SECTION B: Referee's Report

(to be completed by the referee; DO NOT RETURN THIS FORM TO THE APPLICANT)

Where appropriate . Please type or print written responses.

11. At which stage did you know the applicant (e.g., Year 1, Honours year etc)? _____

12. How well do you know the applicant? very well not very well

13. How do you rate the applicants academic ability?
 outstanding (top 5%) excellent (top 10%) good (top 20%)
 mediocre (top 40%) poor

14. What degree of promise does the applicant have as a candidate for a higher degree researcher?
 excellent very good good
 reasonable poor

15. In your view, does/will the applicant have qualifications that equate to a first class honours degree?
 Yes No
If not, what standard do you expect will be attained? _____

16. What is the actual/likely ranking of the applicant in the relevant peer group? (e.g., 6th in a class of 10)

17. If the applicant has completed a thesis, based on the research completed, how do you rate the thesis?
 excellent very good reasonable poor

18. What is the applicant's capacity to communicate in English?

c) **Written:** excellent very good good reasonable poor
d) **Oral:** excellent very good good reasonable poor

19. What degree of support do you provide for the applicant as a suitable candidate for a research degree?
 unreserved very strong strong
 reserved none

20. Please provide any comments on the applicant which you believe are relevant to the pursuit of candidature for higher degree studies.

SECTION C: Referee's Details

Name: _____ Present position: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____