# Master of Counselling Professional Referee Report

## Important Information

Please comment on the applicant’s performance which you have observed during your professional relationship. Please also comment on applicant’s suitability to undertake and complete a postgraduate course with regard to placement, research and coursework.

### 1. Name of Applicant

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<thead>
<tr>
<th>Family name:</th>
<th>Given name:</th>
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### 2. Referee Details

<table>
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<tr>
<th>Title:</th>
<th>Mr</th>
<th>Prof</th>
<th>Mrs</th>
<th>A/Prof</th>
<th>Ms</th>
<th>Dr</th>
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### 3. Professional Relationship to Applicant

- [ ] Current employer
- [ ] Colleague
- [ ] Psychology related
- [ ] Non psychology related

- How long have you known the applicant?
  - [ ] Less than 12 months
  - [ ] More than 12 months
  - [ ] Do not know the applicant well

### 4. Reference Report

- [ ] Attach additional information is necessary.

- Please rate the applicant’s suitability to undertake and complete a Postgraduate Master of Counselling course:
  - [ ] Highly recommended
  - [ ] Recommended
  - [ ] Suitable
  - [ ] Not suitable

### 5. Declaration

I declare that the information I have given is true, correct and complete.

Referee signature: ____________________________ Date: ____________________________

Please return the completed referee report directly to: Dr Ann Moir-Bussy
Counselling ML32
University of the Sunshine Coast
MAROOCHYDORE DC QLD 4558