Referee Report 2

Programme name:

Supporting documentation to be supplied

Applicant's full name

Address

Date of birth

The above details are to be completed by the applicant.

Please see notes over page before completing this form. Please score the applicant from 5 (high) down to 1 (low) to indicate your assessment of the applicant in relation to each of the qualities.

Personal qualities54321Honest----Mature-----Reliable-----Well groomed-----Tolerant-----Accepts responsibility-----

Interpersonal relationships

| Relationships with peers | Friendly, supportive | Domineering or withdrawn |
|---|------------------------|---------------------------|
| Relationships with people with authority | Open, constructive | Tense, defensive |
| Consideration for others | Accepting, considerate | Self centred, judgemental |
| Communication skills with others | Effective, clear | Vague, inconsistent |

Attitudes to work/study

| Perseverance | Appropriately persistent | Easily distracted |
|---------------------------|---|----------------------|
| Cooperation with others | Participative | Isolated |
| Application to work/study | Excellent | Poor |
| Acceptance of correction | Accepting questions appropriately | Resistant, defensive |
| Initiative | Motivated, appropriately independent | Awaits direction |
| Information seeking | Enquiring | Uninterested |



Dishonest

Immature Unreliable

Intolerant

Avoids responsibility

Untidy

General

Please add any general comment about the applicant's performance at work/school.

| Is attendance pattern acceptable? | Yes | No | lf NO, comment |
|---|---------------|---------|----------------------|
| | | | |
| Do you consider the applicant able to undertake a full time programme of intensive study and/or a significant clinical component if applicable? | Yes | No | Comments |
| Please indicate any factors which you think could interfere with this applicant's ability to | undertake o | or com | plete this programme |
| Ara may initiate further contact with referees as per the requirements of the Children's A | Act (2014) if | applica | able. |
| Do you believe this candidate is suitable for a position working with children and/or vuln If NO, why not? Would you trust them in a role of responsibility for children? | erable adul | ts? | Yes No |
| | | | |
| Is the information in this "Report on Applicant" to be kept confidential from the applicant | t? Yes | | No |
| Signature | | | |
| Date | | | |
| Name | | | |
| Relationship to applicant: (eg employer, teacher etc) | | | |
| Notes | | | |

The information and opinion provided in this report constitute "personal information" in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM, AFTER COMPLETION, TO THE APPLICANT WHO IS RESPONSIBLE FOR ITS RETURN TO ENROLMENTS AT ARA (UNLESS IT IS TO BE KEPT CONFIDENTIAL) OR HANDED IN WITH THEIR APPLICATION.