

Academic Referee Report

Course name : **Master of Professional Counselling**
 Offering department/school : **Department of Psychology, Jeffrey Cheah School of Medicine and Health Sciences**

Full Name of Applicant:					
Referee's Contact Details					
Name:					
Position:					
University/Institution/Organization:					
Address:					
Phone number:		Email:			
Referee's relationship with applicant:				How long have you known the applicant? (in years)	
How well have you known the applicant? (Please ✓)	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Fairly well		
	<input type="checkbox"/> Casually	<input type="checkbox"/> Minimally (Not well)			
<p>Thank you for serving as a referee for the above named applicant. Please take note that your comments and ratings on the personal and academic qualities of the applicant shall be kept confidential and partly contribute to the Department's decision to either accept or reject the applicant. Please complete the following ratings based on your best judgment and knowledge of the applicant. If you want to write additional comments, please do so in the designated space allocated towards the end of this form.</p>					
1. General Ability	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
General academic ability and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical, applied problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ethical Practice and Regulation	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of ethical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice of guidelines and policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonjudgmental and discrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibility and Reliability	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
Enthusiasm and commitment to tasks and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality/Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Language skill	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
General verbal fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral presentation skills/public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. Organisational and Critical Thinking skill	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
Organisation Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to listen and synthesize information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of independent thinking and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight in identifying problems and introducing effective solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Socio-Emotional Abilities	Significant Concerns	Minor Concerns	Consistently Achieved	Excellent Achievement	Not applicable/ Not observed
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate and empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal (and social) skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take on board constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please write additional comments that you think would describe the applicant better or describe areas that need improvement.					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
Based on your knowledge of the applicant, please indicate the level of your support for his/her application of Master of Professional Counselling:					
Unreserved <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Reserved <input type="checkbox"/> Nil <input type="checkbox"/>					
Signature:				Date:	

Instruction to the referee:

Please email the completed form to malaysia.psychadmin@monash.edu

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