**CONFIDENTIAL**

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| **REFEREE REPORT**  **2019 ALLIED HEALTH POSTGRADUATE SCHOLARSHIP SCHEME** |

Please type your responses - the grey boxes will expand to fit your comments.

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| **APPLICANT** |  |
| **Applicant Name:** | **Applicant Classification and Current Position:** |
| **REFEREE** |  |
| **Referee name:** | **Referee Title/work location:** |
| **Referee Relationship to Applicant:**  Direct Manager; **and/or**  Profession Lead; **and/or**  Allied Health Professional in charge of the  unit/department/centre; **and/or**  Allied Health Professional in charge of the  division/section/program; | **Contact details of referee**    Phone:  Email: |
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| **REFEREE COMMENTS AND RECOMMENDATION**  The Scheme has an expectation that the referee report will be informed by the referee’s working relationship with the applicant, that the referee will have pre-read the applicant’s completed Scholarship Application and that the referee will provide an indication of their support for the applicant’s proposed course of study.  Please outline on the following pages your response to the following four questions:   1. The applicant’s commitment to continual improvement and excellence in their area of practice; 2. How the proposed course of study is relevant to and aligns with ACT Health’s core values and reform and innovation priorities; 3. The relationship between the proposed course of study and the applicant’s area of practice; and 4. The applicant’s capacity to undertake postgraduate level study. | |

**1: Please comment on the applicant’s commitment to continual improvement and excellence in their area of practice**

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**2: How is the applicant’s proposed course of study relevant to and in alignment with ACT Health’s core values and reform and innovation agenda?**

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**3: Please outline how the proposed course of study will enhance the applicant’s allied health practice.**

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**4: Please comment on how the proposed course of study will add value or benefit to the applicant’s discipline, team, division and/or the broader organisation and community.**

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| **REFEREE STATEMENT OF SUPPORT:**  **I have known**      (insert name of applicant) for     (years / months)  and have read their completed application form.  I  their application to ACT Health for financial assistance through the 2019 Allied Health Postgraduate Scholarship Scheme for postgraduate studyin (insert name of course).  **Signature: …………………………………………………………. Date:**      /     /  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please Note:**  **If you do not support the applicant’s application have you informed the applicant of this?** |

**Referee Checklist**

All sections completed

Referee Statement of Support signed and dated

The completed referee report must be printed and returned to the applicant for inclusion with

their application

**Applicants are reminded that Referee Reports must be submitted with their application form**

**on or prior to**

**5:00pm FRIDAY 15TH FEBRUARY 2019**