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| **DEPARTMENT OF CLINICAL PSYCHOLOGY**  **Application for the 2025 MSc Clinical Psychology Programme**  **Referee Report Form** |

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| **INTRODUCTION** |

Dear Referee

Thank you for taking the time to complete this confidential**Referee Report Form**. You were nominated by an applicant to the Master of Science (MSc) degree in Clinical Psychology at Sefako Makgatho Health Sciences University (SMU).

Please respond to the following questions as honestly and fairly as possible in order to afford the selection panel the best chance possible in screening the applicant’s suitability for further participation in the selection process and, beyond this, further training in Clinical Psychology.

Referee reports often tend to be uncritically positive. We confirm that the information supplied by you will be treated with the utmost confidentiality and, therefore, we encourage you to pay attention to both the applicant’s strengths and limitations when completing the form.

You are requested to submit this report directly to the Department of Psychology’s secretary and not via the applicant. Please **e-mail** this confidential report, at your earliest convenience, to Ms Brenda Ledwaba (Tel: (012) 521 4632, E-mail: ([referees.clinpsych@gmail.com](mailto:referees.clinpsych@gmail.com)) on or before **14 June 2024 (before 13h00)**. Unfortunately, no late and/or incomplete referee reports will be accepted.

Your cooperation towards our forming a balanced and objective impression of the applicant is highly appreciated and we thank you in advance.

Yours sincerely,

Selection Committee

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| **DETAILS OF CANDIDATE** |

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| --- | --- | --- | --- |
| **NAME** |  | **SURNAME** |  |

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| **DETAILS OF REFEREE** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Title, initials and surname** |  | | | | | |
| **Occupation** |  | | | | | |
| **Address** |  | | | | | |
| **Contact numbers** | Cell |  | | Work |  | |
| **E-mail address** |  | | | | | |
| **In what capacity do you know the applicant? (Tick relevant box)** | 1. Lecturer (Graduate) | |  | 5. Friend | |  |
| 1. Lecturer (Postgraduate) | |  | 6. Family member | |  |
| 1. Colleague | |  | 7. Counsellor/Therapist | |  |
| 1. Employer | |  | 8. Other (Specify): | |  |
| **For how long have you known the applicant?** |  | | | | | |
| **When last did you have contact with the applicant?** |  | | | | | |

1. **How would you rate the applicant in the following areas? (Please tick the appropriate column for both academic and personal characteristics.)**

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|  | **Insufficient knowledge to rate** | **Below Average** | **Average** | **Above Average** | **Outstanding** |
| Academic ability |  |  |  |  |  |
| Research ability |  |  |  |  |  |
| Verbal communication |  |  |  |  |  |
| Written communication |  |  |  |  |  |
| Self-knowledge and insight |  |  |  |  |  |
| Confidence |  |  |  |  |  |
| Assertiveness |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Stress tolerance and adapting to new situations |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Reliability and time management |  |  |  |  |  |
| Initiative and creativity |  |  |  |  |  |
| Sense of humour |  |  |  |  |  |
| Self-reliance |  |  |  |  |  |
| Flexibility and openness to new ideas/critical feedback/opposing views |  |  |  |  |  |
| Co-operativeness and ability to work in a team/group |  |  |  |  |  |
| Empathic ability |  |  |  |  |  |
| Ability to relate to and work with children |  |  |  |  |  |
| Ability to relate to and work with teenagers |  |  |  |  |  |
| Ability to relate to and work with colleagues and peers |  |  |  |  |  |
| Interest and ability to work in community settings/community involvement |  |  |  |  |  |
| Capacity to work with a variety of cultural groups |  |  |  |  |  |
| Openness to diversity and social justice |  |  |  |  |  |

**2. Comments on your sense of the applicant’s most outstanding academic and interpersonal abilities:**

**3. Please comments on your sense of the applicant’s academic and interpersonal capabilities that may need to be further developed prior to, or during training as a clinical psychologist:**

**4. To what extent do you think this candidate is willing and able to offer professional services to the range of mental health/psychological needs in the South African context?**

**5. What reservations do you have about the candidate’s training to become a clinical psychologist?**

**6. Do you have additional comments that you feel would be relevant?**

**Referee Signature: Date:**