

**Student Referee Report**

**THIS FORM MUST ONLY BE COMPLETED BY ACADEMICS FROM CURTIN UNIVERSITY OR UNIVERSITY OF SYDNEY’S SEXOLOGY/SEXUAL HEALTH MEDICINE PROGRAMS**

This form is to be completed by your referee and submitted with your membership application.

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| --- | --- |
| Applicant’s Name: |  |
| Referee Name: |  |
| Valid Referee Contact No: |  |

 Referee Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred day(s)/ time of contact:

MON 🞏 TUES🞏 WEDS🞏 THURS🞏 FRI🞏 SAT🞏 SUN 🞏

AM 🞏 PM 🞏

Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long have you known applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of course in which student is enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate the applicant’s values and ethics as they relate to the study and practice of the field of sexology:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student attributes as they relate to Values and Ethics | Requires attention | Not able to assess | Sound | Excellent |
| Acts with integrity, confidentiality and in good faith. |  |  |  |  |
| Respect for human rights, dignity, fairness and justice. |  |  |  |  |
| Sensitivity and respect for beliefs, values and opinions of others. |  |  |  |  |
| Shows commitment to applying ethical principles to learning and practice. |  |  |  |  |

1. Please rate the applicant’s interpersonal skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s interpersonal skills  | Requires development | Not able to assess | Sound | Excellent |
| Verbal communication |  |  |  |  |
| Listening skills |  |  |  |  |
| Empathy  |  |  |  |  |

1. Are you aware of any circumstances, actions or issues that would indicate that the applicant is not suitable for engagement within the field of sexology/ psychosexual therapy/ sexuality education?

 Yes\* No

(If ticked yes then please provide a brief comment below)

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1. Would you recommend the applicant for Student Membership of the Society of Australian Sexologists Limited?

 Yes No

1. Additional comments based on your knowledge of student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Signed: |  |
| Date: |  |