**Referee Report**

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

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| Applicant’s Name: |  | |
| Referee Name: |  | |
| Referee Contact Number: | |  |

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

To the Referee,

Please answer the following questions.

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| 1. *Please describe the Applicant’s values and ethics in relation to their professional practice, particularly as they relate to the field of sexology.* |
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| 1. *In what ways has the Applicant contributed their profession in the past?* |
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| 1. *How would you describe the Applicant’s interpersonal skills?* |
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| 1. *How would you describe the Applicant’s suitability for engagement within the field of sexology/psychosexual therapy/sexuality education?* |
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| 1. *Would you recommend the Applicant for Membership of the Society of Australian Sexologists Limited?* |
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| 1. *Is there anything else you believe we need to know in making a determination on their suitability for membership?* |
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| Signed: |  |
| Date: |  |