

Referee Report

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

Applicant Name: _____

Referee Name: _____

Referee Contact Number: _____

Relationship to applicant: _____

To the referee,

Please answer the following questions.

1. *Please describe the applicant's values and ethics in relation to their professional practice, particularly as they relate to the field of sexology.*

2. *In what ways has the applicant contributed their profession in the past?*

3. *How would you describe the applicant's interpersonal skills?*

4. *How would you describe the applicant's suitability for engagement within the field of sexology/psychosexual therapy/sexuality education?*

5. *Would you recommend the applicant for membership of the Society of Australian Sexologists Ltd?*

6. *Is there anything else we need to know in making a determination on their suitability for membership?*

Signed: _____

Date: _____