



Confidential Referee Report

Doctor of Clinical Dentistry, UWA Dental School

1. Applicant Details (to be completed by Applicant)

Family Name		Given Name(s)	
Proposed Specialty			
Residency / Visa	<input type="checkbox"/> Local (<i>Aust. or NZ citizen, Aust. permanent resident</i>) <input type="checkbox"/> International		
Commencing year		Semester	

The applicant has applied for admission to the Doctor of Clinical Dentistry. The course requires full time study over three years comprising approximately of 25% coursework, 50% clinical specialist training and 25% research. The Selection Committee will rank applicants on academic performance in previous studies, didactic teaching referee reports, published papers and the interview.

2. Referee Details (to be completed by the referee)

I have been nominated as a referee in support of this application.

Family Name		Given Name(s)	
Position held			
Signature			
Date	_____/_____/_____		

3. Please comment on the following attributes with regard to the applicant

a) Suitability for specialist practice

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b) Ability to conduct research

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c) Professional maturity and character

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d) Commitment to the preferred specialty

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e)	Clinical stalls, professional judgement and professional demeanour
f)	Aspirations and career goals
g)	Appropriate organisational abilities to successfully pursue the advanced course of study, clinical training program and research project
4. Please describe your relationship to the applicant	
a)	What is/was the nature of your relationship to the applicant?
<input type="checkbox"/>	Current employer: Please forward the applicants position description
<input type="checkbox"/>	Former employer, mentor or professional colleague – please describe your workplace relationship with the applicant (ie duration, closeness)
<input type="checkbox"/>	Other - please describe the relationship and relevance to this application:
b)	How long have you known the applicant:
c)	How strongly do you recommend the applicant for postgraduate studies?
<input type="checkbox"/>	Strongly recommended
<input type="checkbox"/>	Recommended
<input type="checkbox"/>	Not Recommended

5. Submission Instructions

Please return this completed referee report in person, post or email below.
The referee report may be submitted with the application.

Email	future-students@uwa.edu.au
Post	UWA Dental School Academic Services, Oral Health Centre of Western Australia 17 Monash Avenue Nedlands WA 6009 <i>Opening hours: Monday - Friday, 8.00am to 5.00pm</i>

6. Referee signature

Signature	
Date	