



## 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
<b>4. Please describe your relationship to the applicant</b>	
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	<a href="mailto:admissions@uwa.edu.au">admissions@uwa.edu.au</a>
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	