

# DEPARTMENT OF PSYCHOLOGY

Dear Referee

**APPLICATION FOR POSTGRADUATE STUDIES - 2026: CONFIDENTIAL REPORT**

We kindly request that you complete the attached confidential report regarding the applicant’s suitability for Master’s Degree training in Counselling Psychology.

We confirm that the information supplied by you will be treated with the utmost confidentiality and therefore urge you to provide information about both positive and negative characteristics of the applicant.

You are requested to submit this report directly to the Psychology Department and not via the applicant. Once completed, please email the report to maclinspsychapp@mandela.ac.za by no later than **31 May 2025**.Please ensure that your report reaches us by the stipulated date, as a missing report will entail an incomplete application. Your contribution towards our forming a balanced and objective impression of the applicant is highly appreciated and we thank you in anticipation.

Yours sincerely



# Prof Louise Stroud

Chairperson: MA Clinical Psychology Selection Committee

**REFEREE'S REPORT: MA CLINICAL PSYCHOLOGY**

NAME OF APPLICANT: .....................................................................................................................................

NAME OF REFEREE: ...........................................................................................................................................

POSITION/PROFESSION: ..................................................................................................................................

ADDRESS: ………………………..........................................................................................................................

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CONTACT TELEPHONE NUMBER: ........................................ CELL: …………………………………..

1. How long have you known the applicant? ……................................................................................

2. In what capacity have you known the applicant? (Indicate in the appropriate space.)

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| --- | --- | --- |
| 2.1 | Lecturer (Graduate) | 2.5 Friend |
| 2.2 | Lecturer (Post graduate)  | 2.6 Family member |
| 2.3 | Colleague | 2.7 Counsellor/Therapist |
| 2.4 | Employer | 2.8 Other (Specify)  |

3. If the applicant's Honours degree results are not yet available, at what level would you expect him/her to pass?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 50 | 55 | 60 | 65 | 70 | 75 | 80 | Above 80 |

4. How would you rate him/her in the following areas? Please mark the appropriate column for both academic and personal characteristics.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Below Average** | **Average** | **Above Average** | **Outstanding** | **Insufficient knowledge to rate** |
| Academic ability |  |  |  |  |  |
| Research ability |  |  |  |  |  |
| Verbal & expressive communication |  |  |  |  |  |
| Written communication |  |  |  |  |  |
| Empathic ability |  |  |  |  |  |
| Regard and respect for others |  |  |  |  |  |
| Flexibility |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Emotional maturity |  |  |  |  |  |
| Stress tolerance |  |  |  |  |  |
| Personal insight |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |
| Assertiveness |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Reliability / Time Management |  |  |  |  |  |
| Originality |  |  |  |  |  |
| Sense of humour |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Overall Clinical/Counselling/Research Educational Potential |  |  |  |  |  |

5. What do you consider to be his/her most outstanding qualities?

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6. What do you consider to be his/her major limitations?

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7. To what extent do you think that this candidate is willing and able to offer professional services to the range of mental health/psychological needs in the South African context?

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8. Additional comments that you feel would be relevant?

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**THANK YOU FOR YOUR ASSISTANCE**

Signature: ………………….………… Date: …………………………………………………..

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| **Please email this report directly to:** |
| **maclinpsychapp@mandela.ac.za**For any queries please call: |
| Tel: (041) 504-2330/2354 |
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| **CLOSING DATE: 31 May 2025** |
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