



**REFEREE CONTACT FORM
FOR ORDINARY MEMBERSHIP APPLICATIONS**

Applicants Full Name:

1. Declaration

The applicant must seek referees’ approval before their contact details are provided to the ACPSEM.

It is in the applicant’s best interest to choose two referees that they have a close working relationship with. Referees must be at least familiar with the applicant’s work and be in a responsible or senior position.

The ACPSEM Office will contact the two referees and ask them to complete the Referee Report. The application will only be considered by the Membership Committee once the two Referee Reports are returned.

Referee Report will contain the following questions:

- For how long have you known the applicant?
- For what period have you been in a position to form an opinion of the applicant’s work and in what capacity were you connected with this work?
- Do you consider the applicant to be in good standing in their workplace and/or other relevant associations and/or organisations?
- Do you have any reservation in supporting this applicant? (Specify if applicable).
- Any other comments.

2. Please fill in the Referee Details

1st Referee:

Name:	
Position:	
Department/Hospital/University	
Mobile:	
Email:	

2nd Referee:

Name:	
Position:	
Department/Hospital/University	
Mobile:	
Email:	