

INTERNATIONAL BIOMETRIC SOCIETY, AUSTRALASIAN REGION

ACADEMIC REFEREE'S FORM FOR HONOURS AND FOURTH YEAR SCHOLARSHIPS IN STATISTICS, BIostatISTICS OR BIOMETRICS

Closing Date for Applications: Friday 14 January 2005

APPLICANT'S NAME: _____

Notes for the referee: The applicant has named you as an academic referee in support of an application for an Honours or Fourth Year Scholarship in Statistics, Biostatistics or Biometrics to be awarded by the Australasian Region of the International Biometric Society. To assist the selection committee, we would value your views (below) of the applicant's suitability for an award. In particular, we are interested in your opinion of the qualifications, experience and research ability or potential, of the applicant. This report is requested from you, and, if supplied, will be received by the selection committee on a confidential basis. The report will be disclosed only to those involved in the selection process.

1. In which year(s) (eg. 3rd year) of the applicant's career as a student have you known the applicant: _____

2. In what capacity (eg. tutor, lecturer, supervisor) have you known the applicant: _____

3. In your experience of students in 3rd year (or a lower year, if your contact with the applicant was in a lower year), how would you rank the applicant's overall mathematical statistics ability:

Top 2% Top 5% Top 10% Top 25% Upper 50% Lower 50%

4. In your opinion, how suitable is the applicant to undertake research in biostatistics and biometrics?

Highly suitable Fairly suitable Unsuitable Not able to assess

5. In your opinion, how suitable is the applicant for a career as a biostatistician or biometrician participating in collaborative research projects in the biosciences?

Highly suitable Fairly suitable Unsuitable Not able to assess

6. In your opinion, how articulate is the applicant in the discussion of statistical concepts?

Highly articulate Fairly articulate Not articulate Not able to assess

7. Please give a written appraisal of the applicant (*use a separate sheet if necessary*):

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Referee's Name: _____

University: _____ Department: _____

Position: _____ Phone: _____

email: _____

Signature: _____ Date: _____

Your early return of this completed form would be greatly appreciated. Please...

Mail to:

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Or Fax to:

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