

Third Party Reference

Name of candidate:	
Date:	
Name of Credential:	
Level of Credential	Bachelor-aligned Pre Masters-aligned Masters-aligned
Title:	Mr Mrs Ms Miss Other (please specify) Click here to enter text.
Name:	
Current role:	
Name of company/ organisation:	
Contact phone number:	
Business email address:	
LinkedIn profile link:	
Company at the time of the testimony:	
Please describe your relationship with the candidate e.g. 'the candidate reported to me in 2014.'	
Please state your testimony, or attach to this form	

Declaration:	<p>I hereby declare that:</p> <p>The information provided is true and correct to the best of my knowledge, and included to support this candidate's submission for the credential listed above only.</p> <p>I understand that my testimony will be used in the assessment of the candidate and that I may be contacted for verification.</p> <p>I understand that data collection will only be used as that stated in the Deakin Privacy Policy: http://www.deakin.edu.au/footer/privacy</p> <p>I acknowledge and accept that Deakin may vary or revoke any outcome made or reject this candidate's submission on the basis of incorrect, incomplete or fraudulent information provided by me or by the candidate.</p> <p>Third party signature:</p> <p>Date:</p>
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For more information about Deakin University's Professional Practice credentials see deakin.edu.au/credentials or email ppc@deakin.edu.au

Office use only:

Name of candidate:	Yes	No
Date contacted:		
Outcomes:	Accepted	Not accepted
Reason:		
Staff member:		