

PHA Membership Referees' Form

Please complete Section A and send this form, **along with a copy of your application**, to both of your referees. The referees should preferably be members of the PHA. If you are unable to nominate PHA member/s, contact the Membership Officer for your State/Territory. Your referees may **either** return the completed report form to you **or** send it directly to the Membership Officer. **N.B.** In either case, it is YOUR responsibility to ensure that the referees' reports are submitted.

SECTION A – the applicant to complete

Title _____ Name _____

I have attached my application for the following level of PHA membership:

Graduate Historian Professional Historian (Associate) Professional Historian

SECTION B – for each referee to complete. Please return the completed report to the applicant **OR** to the Membership Officer for your State/Territory (as listed on the application form).

Title: _____ Name: _____

Position/ Workplace: _____

Phone: _____ Email: _____

1. How long have you known the applicant?

Less than 6 months 6 to 12 months 1 to 2 years More than 2 years

2. In what capacities have you known the applicant? _____

3. I confirm that, to the best of my knowledge, the applicant has the qualification/s (and, if applicable, experience) outlined on their application form: Yes No

4. In my experience, and to the best of my knowledge, the applicant adheres to the behavior stipulated in the PHA's Code of Ethics and Professional Standards

(<http://www.historians.org.au/acpha/bm~doc/code-2.pdf>). Yes No

5. Any other comments regarding this application: _____

Referee's Signature: _____ Date: ___/___/. Thank you for your assistance.