####  RECOMMENDATION

(CONFIDENTIAL QUESTIONNAIRE)

**PROSPECTIVE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surname First Name

The above person has applied for enrolment as a student on our training program. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should be returned directly to the School.

###### A. DETAILS OF RECOMMENDING PERSON

1. NAME OF RECOMMENDING PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname First Name

 TITLE: ◻ Mr ◻ Ms ◻ Mrs ◻ Miss Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ADDRESSES: (Postal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TELEPHONE NUMBERS Home: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. HAVE YOU HAD ANY EXPOSURE TO or been INVOLVED IN THE MINISTRY OF LIVE SCHOOL? ◻ Yes ◻No

If Yes, explain how and when.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### B. EVALUATION OF APPLICANT

1. RELATIONSHIP How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe relationship: ◻ Close ◻ Casual ◻ Distant

 Indicate your position in relationship: ◻ Pastor □ Personal Friend □ Co-worker □ Ministry friend □ Family Friend

 □Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe applicant's social relationships and interactions with other people:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. EVALUATE APPLICANT’S CHARACTER AND LIFESTYLE (Check ✔ G = Good, F= Fair, P = Poor, U = Unknown):

G F P U G F P U G F P U

□ □ □ □ Christian life and family □ □ □ □ Leadership qualities □ □ □ □ Dependability

□ □ □ □ Moral attitudes □ □ □ □ Consideration of others □ □ □ □ Financial responsibility

□ □ □ □ Honesty and integrity □ □ □ □ Ability to work with others □ □ □ □ Diligence as a student/worker

□ □ □ □ Emotional stability □ □ □ □ Response to authority/instruction/discipline □ □ □ □ Academic ability

□ □ □ □ Spiritual influence on others □ □ □ □ Ability to minister □ □ □ □ Personal cleanliness

1. TO YOUR KNOWLEDGE, DOES APPLICANT:

Use tobacco? ………………………………□ Yes □ No □ Unknown Drink Alcohol? …………………. □ Yes □ No □ Unknown

Use illegal/habit-forming drugs? ………… □ Yes □ No □ Unknown Gamble? ……………………….. □ Yes □ No □ Unknown

Have a record of community disturbance? □ Yes □ No □ Unknown Live an immoral life? …………… □ Yes □ No □ Unknown

4. MINISTRY: Is the applicant currently involved in active ministry? □Yes □No □Not Sure

 Do you think the applicant has a definite call to missions/ministry? □Yes □No □Not Sure

 Do you recommend the applicant to be enrolled for LIVE SCHOOL? □Yes □No □Not Sure

1. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATION OF THE APPLICANT (Please use reverse side or extra sheets of paper, if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_