

CONFIDENTIAL QUESTIONNAIRE PASTORAL RECOMMENDATION

I have known _____ for a period of _____ years.

Their address: _____

_____ Phone No. _____

I have known the applicant as a Minister Friend Relative Church Member Other

The relationship was Close Casual Professional

To the best of my knowledge and assessment the applicant is (please mark each line):

	Excellent	Good	Fair	Questionable	Poor	Unknown
In Christian Life & Testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In commitment to Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what area of ministry is the applicant currently serving? _____

Would you recommend the applicant for acceptance at Victory Life Bible Training Centre? Yes No

How do you see their involvement following their studies at VLBTC, if accepted? _____

Comments: _____

Please place official stamp of church in space below. If you have any additional comments you would like to make regarding this applicant which will assist us in assessing their application, please do so on a separate letter, on a church letterhead, and attach to this document.

Name: _____ Signature: _____

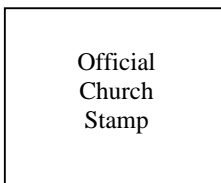
Phone: _____ Address: _____

Date: _____ City: _____

Country: _____

Please return in an envelope marked Confidential and address to The Principal Victory Life Bible Training Centre at:

P O Box 20,
Osborne Park, Western Australia, 6917
Phone: +61 8 9202 7111



Email: admin@vlbtc.edu.au
Website: www.vlbtc.edu.au
Fax: +61 8 9201 1299