



POSTAL PASTORAL REFERENCE

Applicants Full Name:

The above named individual is applying for our one year Leadership Studies course and has given your name as a referee. Serious consideration will be given to your comments, so we ask that you complete this form carefully and with careful thought. Please be honest but fair in your assessment, we will hold your feedback in the strictest confidence. Thank you for your assistance in completing this form. If you need any further information on our course, please visit our website www.alm.org.uk/academy

1. Are you completing this reference with the awareness of the senior pastor? Yes No

2. How long have you known the applicant?

3. How long has the applicant attended your church?

4. What is your relationship to the applicant? (e.g. Senior Pastor, small group leader)

5. Please tick the terms which best describe the applicant's attitude toward the church and its activities.

- Warm-hearted Enthusiastic Loving Respectful
- Critical Tolerant Passive Contemptuous

6. Using the numbers below, how do you rate this person in the following areas?

- 1 Excellent 2 Above Average 3 Average 4 Below average 5 No chance to observe

Leadership

Christian commitment

Initiative

Cooperativeness

Appearance

Personal moral character

Health

Social adaptability

Integrity and honest

Emotional stability

Relating to the opposite sex

Responsibility

7. Do you fully support their application for this course? Yes No

8. Does the applicant have any medical, emotional or psychological issues that may affect their ability to successfully complete this course?

9. What involvement has the applicant had in the life of your church?

10. What are the applicant's strong points? (include positive personal traits)

11. What are the applicant's weak points? (include negative personal traits)

12. Does the applicant have any doctrinal peculiarities that may hinder Biblical study?

13. Does the applicant live by Biblical moral standards?

14a. To your knowledge, does the applicant:

Smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use illegal drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14b. If you answered yes to answer of the above, please comment

15. Does the applicant have personality traits which impair their relationships with other? Yes No

16. Please share any information you may have about the applicant that would help in our evaluation

Please return this application form by post to:

Abundant Life Leadership Academy
Abundant Life Church
Wapping Road
Bradford
BD3 0EQ
United Kingdom