

This section to be completed by applicant

Name of Applicant: _____

Course applied for: _____

Commencing study in year 20__

Details of Referee:

Name _____

Street/PO Box _____

Suburb _____ Postcode _____

Daytime phone _____ Mobile _____

Occupation _____ Church Attending _____

Email Address _____

This section to be completed by referee

The above person is applying to Moore College to train for gospel ministry. The College would appreciate your comments about the applicant. Please include both demonstrated strengths and weaknesses.

I have known the applicant since (year) _____ Capacity _____

Personal Life (eg, godliness, commitment to ministry, knowledge of Bible, prayer, family)

Relational Skills (eg, ability to relate to all ages and the opposite sex, sympathy, compassion)

Leadership Ability (eg, ability to gather, unite and direct a group, handling conflict/ opposition, delegation)

Gifts for Ministry (eg teaching, preaching, leading church meetings, evangelising, caring for others, pastoring, organisational skills)

Any limitations, reservations or areas of improvement

Do you have any reservations about recommending this applicant

(a) for theological study? _____

(b) for ordination (if applicable)? _____

Signature _____ Date _____

Confidential: The contents of this form are to be kept Confidential by the Referee and the College.

POST

The Registrar
Moore Theological College
1 King Street
NEWTOWN NSW 2042
AUSTRALIA

EMAIL

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