

Confidential Reference Form

(Please return this form to the National Office)

Date: _____ State: _____

Applicant's Name: _____

Mobile: _____ Commencing Year: _____



Australian College of Ministries | PO Box 3694, Rhodes NSW 2138 | Ph 1800 672 692 | info@acom.edu.au | www.acom.edu.au

REFEREE INFORMATION

Referee's Name: _____ Occupation: _____

Relationship with the Applicant: _____ Time Known: _____

Email: _____ Mobile Number: _____

APPLICANT ASSESSMENT BY REFEREE

Competence	Attributes	Comments on Attributes
	Desire to Serve God	
	Spiritual Maturity	
	Leadership Skills	
	Desire to be Discipled	
	Handling Difficult Situations/Topics	
	Emotional Stability	
	Desire to Serve and Work with Others	
	Compassion to Others	
	Approachability	
	Theological Insight and Knowledge	
	Critical Thinking Skills	
	Communication Skills	
	Discipline	
	Motivation	
	Time Management	

COMMENTS

RECOMMENDATIONS

ACKNOWLEDGEMENT

- I believe that the applicant has the calling to study Christian Theology and Ministry. Yes No
- I believe that the applicant has the necessary application, discipline and consecration to achieve success in their study with the Australian College of Ministries. Yes No

DECLARATION

- I declare the information contained and/or attached to this form is true and correct.
- I understand that I may be contacted if further information is necessary about the applicant.

Referee's Name: _____ Signature: _____ Date: _____