

WALES EVANGELICAL SCHOOL OF THEOLOGY
COLEG DIWINYDDOL EFENGYLAIDD CYMRU
Bryntirion House, Bridgend, CF31 4DX

REFERENCE FORM

All the information given here will be treated as strictly confidential.

Applicant's name:

1. How long have you known the applicant and in what capacity?

2. How long have they been a Christian?

3. What is your opinion of their Christian character?

4. What do you know of their doctrinal views?

5. Is the applicant a faithful member in good standing with their local church?

6. How well do you think they will cope with the academic requirements of the programme for which they have applied?

7. Are they patient and persevering?

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8. How well do they respond to advice and constructive criticism?	
9. How would you describe their qualities of leadership?	
10. How well do they relate in team situations?	
11. In what forms of Christian service have they been engaged? Have they shown ability in any particular type of work?	
12. Are you aware of any ways in which they might require additional support?	
13. Please provide any other information which you think might be of help to us in forming a correct estimate of the applicant and their suitability for undertaking this course of study and, where relevant, for the particular form of Christian service which they might have in mind.	
Referee's Name: <i>Please print</i>	
Address:	
Date:	Signature: