

## PASTORAL RECOMMENDATION FORM

Note: This form should be completed by a church leader who knows you personally and understands your calling and spiritual goals. If this recommendation is not submitted, your application will be deemed incomplete.

Ар	Applicant's Name:							
se Yo	eking admission into The Bible College of Wales and is requesting your recommendation our responses to the following questions will help us to better evaluate the applicant and al							
Na	This section is to be completed by the church leader. The above-mentioned applicant is seeking admission into The Bible College of Wales and is requesting your recommendation. Your responses to the following questions will help us to better evaluate the applicant and all answers will be kept private and confidential.  Name:							
Tit	le: Contact number: (+ )							
En	This section is to be completed by the church leader. The above-mentioned applicant is seeking admission into The Bible College of Wales and is requesting your recommendation. Your responses to the following questions will help us to better evaluate the applicant and all answers will be kept private and confidential.  Name:    Contact number: (+ )							
Ch	nurch name and address:							
1.	How long have you known the applicant?							
2.	What is your relation to the applicant?							
3.	How well do you know the applicant?							
	☐ By name/sight ☐ Fairly well ☐ Casually ☐ Very well							
4.	· · · · · · · · · · · · · · · · · · ·							
	☐ Yes ☐ No ☐ I do not know							
5.	<ul> <li>Irregular in attendance and shows little interest</li> <li>Regular in attendance but seldom participates in activities</li> </ul>							
6.	Has the applicant served your congregation in any capacity? If yes, please give a brief description.							

7.	From your observation, please indicate what you consider to be the applicant's strengths.					
8.	From your observation, do you know of any weaknesses or struggles of the applicant?					
9.	The applicant's influence on his peers is:   Positive   Negative   Neutral					
10.	To your knowledge, does the applicant:   Smoke Drink Use illegal drugs					
	Comments (if any)					
11.	Taking into account The Bible College of Wales's mission to prepare leaders to be used by God in their communities and the world, tell us how you think the applicant could make a difference through his/ her life.					
12.	Please evaluate the applicant's qualities by ticking in the appropriate boxes.					

Quality	Excellent	Good	Average	Poor	No chance to observe
Christian					
commitment					
Integrity and					
honesty					
Responsibility					
Self-control					
Initiative					
Spiritual maturity					
Attitude towards supervision					

	Emotional							
	stability							
	Handling							
	finances							
	Social							
	adaptability							
	Personal							
	appearance							
	Personal							
	cleanliness							
	Physical							
	health							
	13. Would you recommend the applicant to attend the Bible College of Wales?							
	☐ Highly recommend		Recommend with reservations					
	Recommend		□ Do not recommend					
ACKNOWLEDGEMENT  1. By signing this, I confirm that all of the information furnished in this application (including the								
	necessary supporting documents) is true, accurate and complete to my knowledge.  2. I agree that the Bible College of Wales may collect, use, and disclose the personal data for the purposes of processing this application, and/or providing the applicant with pastoral care and support.							
Re	Recommender's Signature: Date:							

## **SUBMISSION DETAILS**

- 1. Kindly scan and email this recommendation form to: registration som@bcwales.org
- 2. Alternatively, you may mail it directly to us at:

The Registrar
The Bible College of Wales
Derwen Fawr Residence
Derwen Fawr Road, Sketty, Swansea
SA2 8EB, United Kingdom