PERSONAL RECOMMENDATION
CONFIDENTIAL QUESTIONNAIRE

For prospective student at Victory Life International Bible Training Centre
RTO National Provider Code 50514 CRICOS Code 02200J

PERSONAL REFEREE CONTACT DETAILS

Title

First Name

Surname

Address

Suburb/City

State/Country

Post/Zip Code

Email

Telephone

APPLICANTS NAME AND QUESTIONNAIRE

I have known ________________________________ for a period of ___________ years

I have known the applicant as a  ☐ Minister  ☐ Friend  ☐ Relative*  ☐ Church  ☐ Member  ☐ Other ___________

*Relative should not be a close family member (e.g. brother, sister, parent)

The relationship was  ☐ Close  ☐ Casual  ☐ Professional

To the best of my knowledge and assessment the applicant is:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Questionable</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In Christian life &amp; testimony</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In commitment to Church</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In conduct and moral attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In accepting responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. In meeting financial obligations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. In personal appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In family relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. In health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you recommend the applicant for acceptance at VLIBTC?  ☐ Yes  ☐ No

Comments ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature ___________________________ Date ___________________________

Please return completed Personal Recommendation

POST Victory Life International Bible Training Centre  Att: Gail McMillan PO Box 20, OSBORNE PARK WESTERN AUSTRALIA

EMAIL mcmillan.gail@victorylifecentre.com.au