



PASTORAL RECOMMENDATION CONFIDENTIAL QUESTIONNAIRE

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

PASTORAL REFEREE CONTACT DETAILS

Title _____ First Name _____ Surname _____

Address _____ Suburb/City _____

State/Country _____ Post/Zip Code _____

Email _____ Telephone _____

Church you attend _____ Position _____

Are you ordained? Yes No

If yes whom through? _____

APPLICANTS NAME and QUESTIONNAIRE

I have known _____ for a period of _____ years

I have known the applicant as : Minister Church Member Other

The relationship was Close Casual Professional

Applicants Character assessment to the best of my knowledge:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Questionable</i>	<i>Poor</i>	<i>Unknown</i>
1. Leadership Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Church attendance,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Moral attitude and faithfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Personal Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge is the applicant:

	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Spirit filled</i>	<i>Water Baptised</i>
Spirit filled / Water baptised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born Again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Called to the Fivefold Ministry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Involved in the Ministry of Helps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If involved to what degree:	_____				

As a Pastor is the applicant's performance in the areas of:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Unknown</i>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying out instructions and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what area of ministry and to what degree is the applicant currently serving?

How does the applicant influence others?

Positively Negatively Neutrally Unknown

To the best of your knowledge has the applicant had any questionable moral conduct issues? Yes No

Does the applicant: Smoke Drink Use illegal drugs None

What are their strong points?

What are the weak points?

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

Please explain further.

How do you see their involvement in your local church/community following their studies at VLIBTC, if accepted?

Do you approve of the applicant attending VLIBTC?

Please insert your church stamp below. If you have any additional comments you would like to make regarding this applicant which will assist us in assessing their application, please do so on a separate letter, with a church letterhead, and attach to this document.

Signature _____ Date _____

Please return completed Pastoral Recommendation via

POST Victory Life International Bible Training Centre
Att: Gail McMillan
PO Box 20, OSBORNE PARK WESTERN AUSTRALIA 6917 or

EMAIL mcmillan.gail@victorylifecentre.com.au

INSERT CHURCH STAMP BELOW



VICTORY LIFE INTERNATIONAL BIBLE TRAINING CENTRE
1 Neil Street, Osborne Park, Western Australia, 6017 **Telephone** +61 8 9202 7111 **Fax** +61 8 9201 1266
Email admin@vlibtc.wa.edu.au **Web** www.vlibtc.wa.edu.au

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