



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:

| | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Questionable</i> | <i>Poor</i> | <i>Unknown</i> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. In Christian life & testimony | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In commitment to Church | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In conduct and moral attitude | <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. In health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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



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