



REFERENCE FORM

TO THE APPLICANT: Print your name on the line below.

Last Name of Applicant First Middle

Under the UK Data Protection Act 1998 a student has the right to see, and the right to be provided with, a copy of any reference received by Calvary Chapel York Bible College, as part of their application. Under UK law there is no provision for an applicant to waive his or her right of access to see this recommendation.

TO THE PERSON WRITING THE REFERENCE: The above named applicant has applied for acceptance to Calvary Chapel York Bible College and has named you as a reference. Based upon the information we receive from you, we can better make a decision on whether or not our school would best contribute to the applicant's current spiritual growth. Therefore, we would appreciate it if you would complete the following as soon as possible.

1. How long have you known the applicant? _____

2. In what capacity do you know the applicant? _____

3. How long has the applicant been an active Christian? _____

4. Describe the evidence you see in the applicant's life of his or her commitment to follow Christ.

5. Please place an "X" at the appropriate place on each scale Mark above the "?" if you feel your knowledge of applicant is insufficient in that particular area.

		LOW		AVERAGE		HIGH	
Responsibility Ability to faithfully assume & carry out duties or obligations	<input type="checkbox"/>	1	2	3	4	5	6 7
	?	Not Responsible		Somewhat Responsible		Responsible Very Responsible	
Adaptability Ability to adjust to changes in circumstances	<input type="checkbox"/>	1	2	3	4	5	6 7
	?	Much Difficulty		Moderate Ability to Adjust		Adapts Well Very Adaptable	
Perseverance Ability to move ahead in the face of adversity	<input type="checkbox"/>	1	2	3	4	5	6 7
	?	Does Not Persevere		Sometimes Perseveres		Usually Perseveres Almost Always	
Decisiveness Ability to synthesise information and choose a direction	<input type="checkbox"/>	1	2	3	4	5	6 7
	?	Very Indecisive		Somewhat Indecisive		Decisive Very Decisive	
Personal Appearance and manner	<input type="checkbox"/>	1	2	3	4	5	6 7
	?	Careless		Fair		Good Very well-groomed	



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		LOW	AVERAGE	HIGH	
Social Poise Social demeanour or confidence	<input type="checkbox"/> ?	1 Very Lacking	2 3 Limited Confidence	4 5 Confident	6 7 Very Poised & Confident
Communication Ability to present, evaluate and exchange thoughts with clarity and logic	<input type="checkbox"/> ?	1 Poor Communicator	2 3 Fair Ability	4 5 Good Ability	6 7 Outstanding Ability
Spiritual Maturity Demonstrates maturity and consistency in Christian faith experience	<input type="checkbox"/> ?	1 Very Immature	2 3 Somewhat Immature	4 5 Active Participation	6 7 Deep Involvement
Church Involvement Relationship with a local church	<input type="checkbox"/> ?	1 Very Infrequent	2 3 Somewhat Involved	4 5 Active Participation	6 7 Deep Involvement
Emotional Stability Response to stressful situations	<input type="checkbox"/> ?	1 Much Difficulty	2 3 Some Difficulty	4 5 Handles Well	6 7 Exceptionally Well Poised
Personal Ministry Active, positive influence on others for Christ on a personal basis	<input type="checkbox"/> ?	1 Does Not Conduct	2 3 Limited Ability	4 5 Active	6 7 Exceptional Ability
Leadership (Demonstrated) Concrete evidence of ability to direct, conduct, guide or influence	<input type="checkbox"/> ?	1 Almost Never Leads	2 3 Leads on Occasion	4 5 Leads Frequently	6 7 Exceptional Leadership
Leadership (Potential) He/She has abilities & skills necessary for development of quality leadership	<input type="checkbox"/> ?	1 Low Potential	2 3 Some Potential	4 5 Good Potential	6 7 Exceptional Potential
Cooperation/Teamwork Ability to work with other people	<input type="checkbox"/> ?	1 Almost Unable to Work	2 3 Some Difficulty	4 5 Works Well	6 7 Extremely Effective

6. Please include information which could be helpful in the consideration of this applicant. _____

7. Do you have any reservations about this applicant? If so, what are they?

Thank you for your co-operation in this matter.

Please complete and return this form to: **Admissions Director
Calvary Chapel York Bible College,
PO Box 171, YORK, YO1 9XR, England**

Signature: _____ **Name:** _____ **Date:** _____

Position/Title: _____ **Church Attending:** _____

Address: _____ **City:** _____

County/State: _____ **Postcode:** _____

Contact Phone or Email _____