



**REFERENCE FORM**

Applicant's Name \_\_\_\_\_  
Last
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 Bible College York, 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 Bible College York and has named you as a referee. Based upon the information we receive from you, we can make a decision on whether or not our school would make a positive contribution 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		
<b>Responsibility</b> 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
<b>Adaptability</b> 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
<b>Perseverance</b> 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
<b>Decisiveness</b> 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
<b>Personal Appearance</b> and manner	<input type="checkbox"/>	1	2	3	4	5	6	7
	?	Careless		Fair		Good		Very well-groomed



		LOW		AVERAGE		HIGH		
<b>Social Poise</b> Social demeanour or confidence	<input type="checkbox"/> ?	1 Very Lacking	2	3 Limited Confidence	4	5 Confident	6 Very Poised & Confident	7
<b>Communication</b> 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 Outstanding Ability	7
<b>Spiritual Maturity</b> Demonstrates maturity and consistency in Christian faith experience	<input type="checkbox"/> ?	1 Very Immature	2	3 Somewhat Immature	4	5 Active Participation	6 Deep Involvement	7
<b>Church Involvement</b> Relationship with a local church	<input type="checkbox"/> ?	1 Very Infrequent	2	3 Somewhat Involved	4	5 Active Participation	6 Deep Involvement	7
<b>Emotional Stability</b> Response to stressful situations	<input type="checkbox"/> ?	1 Much Difficulty	2	3 Some Difficulty	4	5 Handles Well	6 Exceptionally Well Poised	7
<b>Personal Ministry</b> 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 Exceptional Ability	7
<b>Leadership (Demonstrated)</b> 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 Exceptional Leadership	7
<b>Leadership (Potential)</b> 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 Exceptional Potential	7
<b>Cooperation/Teamwork</b> Ability to work with other people	<input type="checkbox"/> ?	1 Almost Unable to Work	2	3 Some Difficulty	4	5 Works Well	6 Extremely Effective	7

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 Bible College York,  
1 Barbican Rd, YORK, YO10 5AA, England**

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Church Attending:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County/State:** \_\_\_\_\_ **Zip/Postcode:** \_\_\_\_\_

**Contact Phone or Email:** \_\_\_\_\_