



RECOMMENDATION

Applicant's name: _____
Family Name Middle Name First Name

Name of Church/Ministry/Organization: _____

Application For (*please tick*): **Apostolic Covering** **Licensed** **Ordination**

Name of Referee: _____ Designation: _____

Name of Church/Ministry/Organization: _____

Address: _____

Contact nos: _____
Business Fax Mobile Phone
 _____ (Email Address)

IMPORTANT

*Please fill out this form completely, carefully and honestly, and return it directly to the **GCN office**.
 Please **do not return it to the applicant**.
 The information provided will be kept in strictest confidence.*

How long have you known the applicant? _____

In what relationship/capacity? _____

What has been the applicant's involvement in the ministry?

How do you evaluate the applicant's Christian commitment, character and relationships in light of your understanding of what is required for effective ministry?

Does the applicant demonstrate a clear call to a particular area of ministry?

What spiritual gifts and special abilities does this applicant demonstrate?

In the space following, please write any comment you feel would help us in assessing the applicant's suitability. Your candid opinion of the applicant's physical, emotional and spiritual fitness for Christian service would be especially welcomed.

Please circle the terms which best describe the applicant and rate him/her on a scale of **1 to 5** (1 – Unacceptable, 2 – Poor, 3 – Acceptable, 4 – Good, 5 – Excellent, 6 – Unable to observe)

a)	PERSONAL MATURITY	1	2	3	4	5	6
b)	LEADERSHIP	1	2	3	4	5	6
c)	INITIATIVE	1	2	3	4	5	6
d)	EMOTIONAL STABILITY	1	2	3	4	5	6
e)	SOCIAL SKILL	1	2	3	4	5	6
f)	RESPONSIBILITY	1	2	3	4	5	6
g)	CO-OPERATION	1	2	3	4	5	6
h)	TEAMWORK	1	2	3	4	5	6
i)	COMMUNICATION	1	2	3	4	5	6
j)	RELATIONSHIP WITH OTHERS	1	2	3	4	5	6
k)	CONCERN FOR OTHERS	1	2	3	4	5	6
l)	FINANCIAL RELIABILITY	1	2	3	4	5	6

Do you recommend this applicant? Yes No

with enthusiasm

with some confidence

with reservation

REMARKS: _____

Signature _____

Date _____