

# COLLEGE FOR ADVANCED CHRISTIAN EDUCATION

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## PASTOR'S RECOMMENDATION (CONFIDENTIAL QUESTIONNAIRE)

**PROSPECTIVE STUDENT:** \_\_\_\_\_  
 Surname \_\_\_\_\_ First name \_\_\_\_\_

**STUDY PROGRAMME:**  1<sup>st</sup> Year (Certificate)  2<sup>nd</sup> Year (Diploma)  3<sup>rd</sup> Year (Advanced Diploma)  Counselling School

The above person has applied to enrol as a student at the COLLEGE FOR ADVANCED CHRISTIAN EDUCATION. Serious consideration will be given to your comments on this recommendation. Therefore, we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should not be given to applicant, but returned **directly** to CACE.

Ref: RECPAS.06-11

### A. DETAILS OF RECOMMENDING PASTOR

- PASTOR'S NAME** Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
**TITLE:**  Mr  Ms  Mrs  Miss  Past  Rev  Dr  Other: \_\_\_\_\_
- NAME OF CHURCH:** \_\_\_\_\_ Denomination/Affiliation: \_\_\_\_\_
- ADDRESSES** E-mail: \_\_\_\_\_  
 Postal: \_\_\_\_\_ Postal code: \_\_\_\_\_
- TEL Nos** Home: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Work: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_  
 Fax: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Cellular/Mobile: Int code(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_
- YOUR POSITION IN THE CHURCH:** \_\_\_\_\_ How long have you held this position? \_\_\_\_\_
- STATEMENT OF FAITH** (For first-time applicants we request a copy of the church's *Statement of Faith*. This is not applicable for members of LFCC. Please indicate whether the *Statement of Faith* is attached):  Yes  No
- ARE YOU A GRADUATE OF CACE?**  Yes  No If Yes, which year[s]? \_\_\_\_\_

### B. EVALUATION OF APPLICANT

- RELATIONSHIP** How long have you known applicant? \_\_\_\_\_ Describe relationship:  Close  Casual  Distant  
 Indicate your position in relationship:  Pastor  Personal friend  Co-worker  Ministry friend  Family friend  Other (Specify) \_\_\_\_\_
- EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE** (Tick  **G** = Good, **F** = Fair, **P** = Poor, **U** = Unknown):
 

<b>G F P U</b>	<b>G F P U</b>	<b>G F P U</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Christian life and testimony	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leadership qualities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dependability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moral attitudes and behaviour	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consideration for others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financial responsibility
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Honesty and integrity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to work with others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diligence as a student/worker
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional stability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Response to authority /instruction/discipline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Academic ability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spiritual influence on others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to minister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness
- TO YOUR KNOWLEDGE, DOES APPLICANT...**

Use tobacco?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Drink alcohol?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Use illegal/habit-forming drugs?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gamble?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have a record of community disturbance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Live an immoral life?...	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
- FAMILY/SOCIAL LIFE** Describe applicant's marriage/family life: \_\_\_\_\_  
 Describe companions with whom applicant usually associates: \_\_\_\_\_
- APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES:**  Warm-hearted/Enthusiastic  Tolerant/Passive  Critical/Contemptuous
- MINISTRY** Is the applicant currently involved in active ministry?.....  Yes  No  Not sure  
 Do you think the applicant has a call to the five-fold ministry?.....  Yes  No  Not sure  
 Do you recommend that the applicant be considered for enrolment in CACE?.....  Yes  No  Not sure
- ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATING APPLICANT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

Date: \_\_\_\_\_