



## PASTOR RECOMMENDATION FORM

**Applicant's Name:** \_\_\_\_\_

**TO THE PASTOR:** The above applicant is applying for admission to ICA Academy's Theological Education school. We request you to fill in this questionnaire regarding the applicant to enable us to progress with admitting him/her to our programme. We appreciate your help in this matter and will keep any information you supply in strict confidence. Thank you for your assistance.

**1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_**

**2. How well do you know the applicant?**

- |   |  |
|---|--|
| <input type="checkbox"/> Very well, pastoral relationship | <input type="checkbox"/> Fairly well, numerous personal contacts |
| <input type="checkbox"/> Casually, few personal contacts  | <input type="checkbox"/> By name/sight                           |

**3. To what extent is the applicant engaged in the activities of your church?**

- |   |   |
|---|---|
| <input type="checkbox"/> Enthusiastic, deeply involved              | <input type="checkbox"/> Cooperative, usually willing to help       |
| <input type="checkbox"/> Seldom participates, but attends regularly | <input type="checkbox"/> Attends irregularly, shows little interest |

**4. In what form of Christian service has the applicant participated regularly?**

\_\_\_\_\_

**5. What do you consider to be the applicant's strengths?**

\_\_\_\_\_

**6. Do you know of any weaknesses of the applicant that we should be aware of?**

\_\_\_\_\_

**7. Do you recommend the applicant to this programme?**  Yes /  No /  Not Sure

Reason:

\_\_\_\_\_

**DECLARATION:**  I hereby declare that all information provided above is true.

**Your Name:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Name of church:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

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

\*Please email this form directly to [theological.education@icahk.org](mailto:theological.education@icahk.org). Thank you.