



PERSONAL RECOMMENDATION FORM

Applicant's Name: _____

TO THE REFEREE: 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, solid relationship | <input type="checkbox"/> Fairly well, numerous personal contacts |
| <input type="checkbox"/> Casually, few personal contacts | <input type="checkbox"/> By name/sight |

3. How would you describe the applicant's relationship with Jesus?

- | | |
|--|---|
| <input type="checkbox"/> Intimate, solid and deep | <input type="checkbox"/> Good, a personal relationship |
| <input type="checkbox"/> Average, but wants to know more | <input type="checkbox"/> Shallow, shows little commitment |

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: _____

Address: _____

Signature: _____ **Date:** _____

*Please email this form directly to theological.education@icahk.org. Thank you.