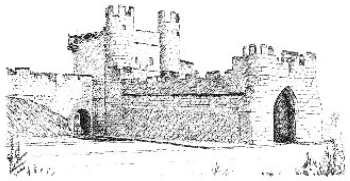

Calvary Chapel Bible College York

1 Barbican Road
YORK
YO10 5AA
England

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
Responsibility Ability to faithfully assume & carry out duties or obligations	☐ ?	1 Not Responsible	2	3 Somewhat Responsible	4	5 Responsible 6 Very Responsible 7
Adaptability Ability to adjust to changes in circumstances	☐ ?	1 Much Difficulty	2	3 Moderate Ability to Adjust	4	5 Adapts Well 6 Very Adaptable 7
Perseverance Ability to move ahead in the face of adversity	☐ ?	1 Does Not Persevere	2	3 Sometimes Perseveres	4	5 Usually Perseveres 6 Almost Always 7
Decisiveness Ability to synthesise information and choose a direction	☐ ?	1 Very Indecisive	2	3 Somewhat Indecisive	4	5 Decisive 6 Very Decisive 7
Personal Appearance and manner	☐ ?	1 Careless	2	3 Fair	4	5 Good 6 Very well-groomed 7

Email: admissions@ccbcy.com Web: www.ccbcy.com
Phone: 01904 733888 Outside UK: +44 1904 733888 Fax: 01904 673866 Outside UK: +44 1904 673866

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		LOW		AVERAGE		HIGH
Social Poise Social demeanour or confidence	☐ ?	1 Very Lacking	2	3 Limited Confidence	4 5 Confident	6 7 Very Poised & Confident
Communication Ability to present, evaluate and exchange thoughts with clarity and logic	☐ ?	1 Poor Communicator	2	3 Fair Ability	4 5 Good Ability	6 7 Outstanding Ability
Spiritual Maturity Demonstrates maturity and consistency in Christian faith experience	☐ ?	1 Very Immature	2	3 Somewhat Immature	4 5 Active Participation	6 7 Deep Involvement
Church Involvement Relationship with a local church	☐ ?	1 Very Infrequent	2	3 Somewhat Involved	4 5 Active Participation	6 7 Deep Involvement
Emotional Stability Response to stressful situations	☐ ?	1 Much Difficulty	2	3 Some Difficulty	4 5 Handles Well	6 7 Exceptionally Well Poised
Personal Ministry Active, positive influence on others for Christ on a personal basis	☐ ?	1 Does Not Conduct	2	3 Limited Ability	4 5 Active	6 7 Exceptional Ability
Leadership (Demonstrated) Concrete evidence of ability to direct, conduct, guide or influence	☐ ?	1 Almost Never Leads	2	3 Leads on Occasion	4 5 Leads Frequently	6 7 Exceptional Leadership
Leadership (Potential) He/She has abilities & skills necessary for development of quality leadership	☐ ?	1 Low Potential	2	3 Some Potential	4 5 Good Potential	6 7 Exceptional Potential
Cooperation/Teamwork Ability to work with other people	☐ ?	1 Almost Unable	2	3 Some Difficulty	4 5 Works Extremely Well	6 7 to Work Effective

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 Email
Calvary Chapel Bible College York
admissions@ccbcy.com

Signature: _____ **Name:** _____ **Date:** _____

Position/Title: _____ **Church Attending:** _____

Address: _____ **City:** _____

County/State: _____ **Zip/Postcode:** _____

Contact Phone or Email: _____