



PASTORAL REFERENCE FORM

Christian Ministry and Theology

PRIVATE AND CONFIDENTIAL

NAME OF PASTOR PHONE

NAME OF CHURCH

NAME OF APPLICANT

ADDRESS:
Building 4
175 Varsity Parade
Varsity Lakes QLD 4227

POSTAL ADDRESS:
PO Box 35
Varsity Lakes QLD 4227

CONTACT DETAILS:
PH: 07 5551 0269
FX: 07 5641 7810
EM: reception@hopecollege.com
W: <https://hopecollege.com>

HOPE COLLEGE
is a training ministry of
Hope of the Gold Coast Ltd
ABN: 72 070 512 560

PROVIDER CODE:
2942

CRICOS PROVIDER CODE:
01679M

CENTRELINK CODE:
4P105

Because the diverse responsibilities associated with Christian ministry have an impact on others, it is necessary for Hope College students to build their studies on a solid base of church attendance and personal devotional practices, as well as the time spent in work-based training duties in the church ministry. Therefore it is necessary for Hope College to ask the following questions to assist applicants in identifying their suitability as candidates for this course.

INSTRUCTIONS FOR PASTOR—Please complete the following questions:

1) How long have you known the applicant? Years Months

2) How often does the applicant attend church? (Tick one)

- All services and midweek group
- At least one Sunday service per week
- Once or twice per month
- Less than once per month
- Other

3) Is the applicant involved in any ministries of the church (eg. Youth, music, children's ministry etc)

- Attends as an occasional participant Yes No
- Attends every meeting Yes No
- Helps with activities Yes No
- Heavily involved with or leads a group Yes No

4) In your opinion, would the applicant be spiritually, physically and emotionally capable of performing the requirements of ministry and able to abide by your church's expectations of its helpers/leaders?

Yes No

Reasons and further comments:

5) Should the applicant be successful and enrol in Ministry, is your church able to provide the applicant with church and community-based ministry opportunities where they can gain ministry skills and experiences?

Yes No

If no, can you recommend another organisation that may provide such opportunities?

6) Is there any information that you feel needs to be taken into consideration in respect of this application?

7) On the basis of the above, the applicant is:

Strongly recommended

Recommended

Recommended with reservations

Not recommended

8) Regarding the applicant's access to the information on this form:

A) Yes, I give permission for the applicant to read this form if required

B) No, The information on this form is to remain **CONFIDENTIAL**, and not to be accessed by The applicant*

**If you do not recommend the applicant, Hope College will advise the applicant that their reference was not supported and give the applicant opportunity to seek another reference.*

Pastor's Signature

Date

Please send this reference to:

Post to: PO Box 35, Varsity Lakes QLD 4227

Fax: 07 5641 7810

Email: reception@hopecollege.com

