

## Church Leader's Reference Form

Dear Applicant, please fill in the section below before giving this form to your church leader.

Applicant Details			
Name:		Length of visit:	
Team:		Date this form needs to be returned by:	

Dear Church Leader,

Please read the 'Church Leader's letter' accompanying this form, before filling it in. If you feel that you do not know the applicant well enough to give an accurate reference then please pass this form to another responsible church member who knows him/her well (e.g. their cell leader). Please then endorse the reference by signing and dating this form at the end, before sending it back in the stamped envelope provided. If you have downloaded this form from the website then please post to the address at the bottom of the form. Thank you!

Referee's Details			
Name:		Daytime Telephone No:	
Church:			
Email:			

Reference						
	Very well		Quite well		Not well	Hardly
How well do you know the applicant:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
In what capacity:						
Please tick the boxes which most accurately describe the applicants character:						
	Mostly	Tends to <<	In Between	Tends to >>	Mostly	
Flighty and Immature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mature and stable
Selfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compassionate and caring
Irresponsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles responsibility well
Needs comfort and routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copes with stress and discomfort
Has no initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take initiative
Unconcerned for the poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeply concerned for the poor
Shy and ill at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes friends easily
Racist and prejudiced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open to different cultures
Acts contrary to advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follows good advice
Aggressive to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds well to authority
Poor team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excellent in a team
Poor with those who aren't coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitive and in touch with those under

Does the applicant have difficulty relating to:								
	Yes	No	Don't know		Yes	No	Don't know	
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If yes, please give details:								

Can you identify any particular contribution the applicant would make to a team?			
Can you identify anything about the applicant that would be disadvantageous to a team?			
How well do you feel the applicant would submit to the authority of a team leader and local host leadership?			
As far as you know is the applicant's health up to taking part in a team? <input type="checkbox"/> No Problem <input type="checkbox"/> Slight Concern <input type="checkbox"/> Problem <input type="checkbox"/> Don't know			
If there is a concern, please explain:			
To your knowledge has the applicant ever had a nervous disorder, eating disorder, mental illness, depression etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how is the applicant now?			
Do you know of any reason why the applicant might be regarded as unsuitable to work with children? (e.g. convictions or cautions with respect to criminal offence) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details:			
Please comment on the applicants Christian life and spiritual commitment:			
Does the applicant take an active part in your church's life? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give details:			
Does the applicant show a desire to be Christ's witness (e.g. through lifestyle)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would the church support the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> In principle <input type="checkbox"/> In prayer <input type="checkbox"/> Financially	
If there anything else in the background of the applicant, which you feel we should be aware of, please comment here.			
Do you think the applicant would make a good team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain your answer:			
Would you have this person on a team if you were leading it? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signatures			
Signed:		Date:	
Thank you for taking the time to complete this form. If you are not a Church Leader, please ensure that your Church Leader reads through this and signs below to endorse the reference before returning it.			
Signed:		Date:	

Please send this completed form to: Life Change Teams, Newfrontiers, The Ridgeway Centre, Featherstone Road, Wolverton Mill South, Milton Keynes, MK12 5TH

*For further information about Life Change Teams, please see [www.nations.xtn.org](http://www.nations.xtn.org)  
If you have any queries please contact Claire Rolland (Life Change Teams Coordinator) Tel: 01908 224593*