**Pastor’s/Minister’s Reference**

*Please ask your Pastor or Minister of Religion to fill in the following form.*

|  |  |  |
| --- | --- | --- |
| **Your Title & Name** | **Name of Church & Address** | **Phone** |
|  |  |  |

I have known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_ years.

 (Applicant’s name)

|  |
| --- |
| **Current Attendance - Please tick one box** |
| **Regular** | **Irregular** | **Seldom** | **No affiliation** |
|  |  |  |  |
| **Current Involvement - Please tick one box** |
| **Dedicated** | **Adequate** | **Minimal** | **No Involvement** |
|  |  |  |  |

Please briefly describe the applicant’s involvement

|  |  |
| --- | --- |
| **Please tick one of the following** |  |
| I fully support ’s (applicant’s name) application and believe that he/she would be an asset to the College. |  |
| I support the application with some reservations. |  |
| I am unable to support this application. |  |
| For confidential reasons I am unable to support this application. |  |
| Feel free to contact me for further information. |  |
|  |  |  |
| Please add any further comments |  |
|  |
|  |
|  |
|  |
|  |
| Signed: Date:  |

*Thank you for taking the time to complete this form.*

*Kind regards, Warren Hall, Principal*

*Address: PO Box 150, SMITHFIELD SA 5114**office@bccc.sa.edu.au*