



RECOMMENDATION FORM

(CONFIDENTIAL QUESTIONNAIRE)

ALL INFORMATION PROVIDED WILL BE TREATED
WITH THE STRICTEST CONFIDENCE.
POPIA REGISTRATION NUMBER 25504/2021-2022/IRRTT

APPLICANT DETAILS

Title _____ Initials _____ Surname _____
First Name/s _____ Preferred Name _____
Maiden Name (If Married) _____
Marital Status _____ Gender _____ Date of Birth

Y	Y	Y	Y	M	M	D	D
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ID No.

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 Passport No. : _____
Home Language _____ South African Citizen? Yes ☐ No ☐
Permanent Resident Yes ☐ No ☐

*The above person has applied for enrollment as a student at **SOUTHERN AFRICA BIBLE COLLEGE**.
Serious consideration will be given to your comments on this recommendation form; therefore we
ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in
strict confidence.*

The completed form may not be given to the applicant, but must be returned directly to SABC.

THE CHURCH LEADER / OVERSEER/ PREACHER

Title : _____ Surname : _____
First Name : _____ Name of The Congregation : _____

CONTACT INFORMATION

Cell Phone No. (1) _____ Cell Phone No. (2) _____
Home No. _____ Work No. _____
Fax No. _____ E Mail _____

ADDRESS DETAILS

Residential Address _____
_____ Code _____
Postal Address _____
_____ Code _____

RECOMMENDATION FROM THE CHURCH LEADER/OVERSEER/PREACHER

Your Position At Church: _____

How long have you held this position?: _____ Are you a graduate of SABC? : Yes ☐ No ☐

If Yes, which year(s)? _____

THE CHURCH LEADER /OVERSEER/ PREACHER'S EVALUATION OF APPLICANT RELATIONSHIP

How long have you known the applicant? _____ Is the applicant baptized?

Date of Baptism Describe relationship: _____

EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE

Select : **G** = Good, **F** = Fair, **P** = Poor, **U** = Unknown

Leadership qualities	<input type="checkbox"/>
Dependability	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>
Honesty and integrity	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>
Diligence as a student /worker	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>
Response to authority / instruction	<input type="checkbox"/>
Discipline	<input type="checkbox"/>
Spiritual influence on others	<input type="checkbox"/>
Personal cleanliness	<input type="checkbox"/>

TO YOUR KNOWLEDGE DOES APPLICANT

Use tobacco? Yes ☐ No ☐ Unknown ☐

Drink alcohol? Yes ☐ No ☐ Unknown ☐

Gamble? Yes ☐ No ☐ Unknown ☐

Live an immoral life? Yes ☐ No ☐ Unknown ☐

Use illegal/habit-forming drugs? Yes ☐ No ☐ Unknown ☐

Have a record of community disturbance? Yes ☐ No ☐ Unknown ☐

FAMILY/SOCIAL LIFE

Describe applicant's marriage/family life : _____

YOUR PERCEPTION OF APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES: MINISTRY

What is applicant's involvement in the ministry?

Preach	<input type="checkbox"/>	Sunday School (children)	<input type="checkbox"/>
Lord's Supper	<input type="checkbox"/>	Song Leading	<input type="checkbox"/>
Teach Adults	<input type="checkbox"/>		

How many times per month _____

Do you recommend that the applicant be considered for enrollment at **SOUTHERN AFRICA BIBLE COLLEGE?**

Yes ☐ No ☐ Not Sure ☐

ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATING APPLICANT:

I hereby certify that the information contained in this statement is complete and accurate to the best of my knowledge and belief and I understand that any false statement made on this application will be cause for the candidate's disqualification.

Signature of The Church Leader /Overseer/ Preacher: _____

Date Signed: _____