



Urban Frontiers Mission

CONFIDENTIAL REFERENCE FORM

Kuru Jantar 3 Gakok, Jos South, Plateau State, Nigeria

Name of applicant:

Programme: **Discipleship and Rehabilitation**

Starting Date: **Ongoing**

The above named applicant has applied for admission to the above named programme at Urban Frontiers Mission Jos, Nigeria. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the programme applied for.

1. How long have you known the applicant?

2. In what capacity?

CHURCH	Pastor	Home group leader	Other
BUSINESS	Employer	Supervisor Coworker	Subordinate
SCHOOL	Principal	Teacher	Other
SOCIAL	Family friend	Personal friend	Other

3. On ascale of 1.10 (1=very little and intimately), how well do you know the applicant?

(Circle on) 1 2 3 4 5 6 7 8 9 10

4. For how long has the applicant attended your church? (if applicable)

5. In what ways has the applicant been involved in the church and its program?

6. In your association with the applicant, what level of commitment have you seen exemplified?

_____ Faithful _____ inconsistent _____ Other

7. Please describe in your own words how you would rate the applicant in the following areas:

Initiative _____	Industriousness _____
Social adaptability _____	Reliability _____
Personal appearance _____	cooperation _____
Concern for others _____	Self discipline _____
Leadership _____	Christian character _____
Emotional stability _____	Temperament _____
Ability to follow _____	Punctuality _____
Flexibility _____	Perseverance _____
Stewardship _____	Ability to cope with stress _____

8. Please circle words or descriptions which pertain to the applicant:

intolerant argumentative domineering critical of others
Easily embarrassed offended discouraged frequently worried given moods
Nervous or tense anxious prejudiced towards groups/races/nationalities
Addictive behavior unable to cope with stress erratic in attitudes or actions

If you have any of these or similar limitations in the applicant's life. please elaborate on a separate sheet of paper

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

_____ Yes _____ No

If YES. please explain:

10. In your consideration. which of the following would best describe the applicant's Christian experience?

Please tick _____ Mature _____ Contagious _____ Superficial

11. Please comment briefly on the applicant's family background (if known)

12. Does the applicant display prejudice towards other races or nationalities?

_____ Yes _____ Unaware _____ No

Comments:

13. Has the applicant ever been involved in the occult, Drug, alcohol abuse or sexual immorality?

Does the applicant smoke? _____ Yes _____ Unaware _____ No

Comments:

14. Is the applicant financially responsible? _____ Yes _____ Unaware _____ No

Comments:

15. Does the applicant respond well to authority? _____ Yes _____ Unaware _____ No

Comment

16. Would you please make any commendations regarding the applicant which you feel could be helpful
(use a separate sheet of paper. if necessary)

Comment

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name:

Address:

Telephone:

E-mail:

Signed

IMPORTANT

All students are encouraged to apply. generally about **one month prior** to the start of the programme.

Please send all forms or address inquiries to email : application@urbanfrontiersmission.org

Compassion for a harassed and helpless urban multitude