

You can either fill this form in on your computer or you can print it out, fill it in by hand and scan it back to us. Please return this completed reference to gapyear@hillsong.co.za.

This Section to be Completed by Applicant

Title	Mr	Mrs	Miss	
First Name				Last Name
Date of Birth				
Unit/Apartment No.				
Address Line 1				
Address Line 2				
Suburb / City				Country
State / Province / Region				ZIP / Postal Code
Home Number				Cell/Mobile Number

E-mail

This Section to be Completed by Pastor

The person named above is applying for admission to Hillsong Africa Gap Year Program and is asking you to provide a reference. Serious consideration is given to this reference, so your comments are important. Our Gap Year Program trains committed Christian individuals to serve in the local Church. Please be frank but fair in your comments to assist our assessment of the applicant. The Hillsong Africa Gap Year Program operates in conjunction with the local church. If applicants attend a church other than Hillsong Church, they will be required to make Hillsong Africa Gap Year Programme is required.

How long have you known the applicant?	How long have they attended your church?					
Would you recommend the applicant for a leadership position?						
Does the applicant know Jesus Christ as their Lord and Saviour?						
Yes No						
How well do you know the applicant?						
Very Well	Well					
Fairly Well	Casually					
Just by name	se pastoral relationship					
Have had a few personal contacts						

Does the applicant's life reflect a commitment to Christ?

Yes No

Does the applicant live by Biblical moral standards?

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Yes No
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How would you rate the applicant in the following:

Leadership:	Outstanding Below Average	Above average	Average
Responsibility	Outstanding Below Average	Above average	Average
Loyalty to Church	Outstanding Below Average	Above average	Average

What type of involvement has the applicant had in your church/department?

Comment on performance:

To what extent is the applicant engaged in activities in your church/department?

Irregular in attendance and shows little interest

Regularly attends but seldom participates in activities

Regularly attends and is co-operative and willing to help

What are the applicant's strong points?

What are the applicant's weak points?

Does the applicant have any doctrinal peculiarities that may hinder Christian ministry?

Have there been any moral failings within the last twelve months that you aware of?

Yes No

If yes, please explain.

Does the applicant, to your knowledge, have any medical, emotional, moral or psychological conditions?

Yes No

If yes, please explain.

Would any of the above hinder him or her from participating in the Gap Year Program?

Yes No

If the applicant is married, do you foresee any potential challenges with them participating in the program?

Yes No

If from overseas, how do you think the applicant will adjust to the South African culture?

Recommendation

The Gap Year Program expects a high level of commitment to study and to church life in general. In your opinion, does the applicant possess the ability and willingness to cope with the pressures that these expectations may place upon them?

Please tick the appropriate statement:

- I expect the applicant to be an outstanding student.
- I expect the applicant to be above average.
- I expect the applicant to perform satisfactorily.
- I feel there is some doubt as to the applicant performing satisfactorily.

Any other pertinent comments

Please tick the appropriate statement:

- I recommend the applicant enthusiastically.
- I recommend the applicant with confidence.
- I recommend the applicant with reservation. (Specify below)
- I do not recommend the applicant. (Specify below)

Please specify further if you have chosen either of the last two choices:

Your First Name	Last Name			
Position				
Church				
Address Line 1				
Address Line 2				
Suburb / City	Country			
State / Province / Region	ZIP / Postal Code			
Home Number	Cell/Mobile Number			
E-mail				
Do you wish this reference to remain confidential?				
Yes No				
By signing below, you confirm the following:				
If not Senior Pastor/Minister, I am authorised by Senior Pastor to complete this form.				
Signature:	Date			