



# Destiny Bible College

SATELLITE COLLEGE TO COLLEGE FOR ADVANCED CHRISTIAN EDUCATION

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## pastor's recommendation CONFIDENTIAL QUESTIONNAIRE

PROSPECTIVE STUDENT: \_\_\_\_\_  
Surname First name

STUDY PROGRAMME:  1<sup>st</sup> Year (Certificate)  2<sup>nd</sup> Year (Diploma)  3<sup>rd</sup> Year (Advanced Diploma)

The above person has applied to enroll as a student at the DESTINY BIBLE COLLEGE. Serious consideration will be given to your comments on this recommendation. Therefore, we ask that you complete it carefully. Since we request a candid valuation, your remarks will be held in strict confidence. **The completed form should not be given to applicant, but returned directly to DBC.**

### A. DETAILS OF RECOMMENDING PASTOR

1. PASTOR'S NAME Surname: \_\_\_\_\_ First name: \_\_\_\_\_

TITLE:  Mr  Ms  Mrs  Miss  Past  Rev  Dr  Other: \_\_\_\_\_

2. NAME OF CHURCH: \_\_\_\_\_ Denomination /Affiliation: \_\_\_\_\_

3. ADDRESSES E-mail: \_\_\_\_\_  
Postal: \_\_\_\_\_ Postal code: \_\_\_\_\_

4. TEL Nos Home: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Work: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_  
Fax: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Cellular/Mobile: Int code(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

5. YOUR POSITION IN THE CHURCH: \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

6. STATEMENT OF FAITH (For first-time applicants we request a copy of the church's *Statement of Faith*. This is not applicable for members of DHC. Please indicate whether the *Statement of Faith* is attached):  Yes  No

7. ARE YOU A GRADUATE OF DBC / CACE?  Yes  No If Yes, which year[s]? \_\_\_\_\_

### B. EVALUATION OF APPLICANT

1. RELATIONSHIP How long have you known applicant? \_\_\_\_\_ Describe relationship:  Close  Casual  Distant  
Indicate your position in relationship:  Pastor  Personal friend  Co-worker  Ministry friend  Family friend  Other (Specify) \_\_\_\_\_

2. EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE (Tick ✓ G = Good, F = Fair, P = Poor, U = Unknown):

G F P U	G F P U	G F P U
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Christian life and testimony	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leadership qualities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dependability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moral attitudes and behaviour	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consideration for others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financial responsibility
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Honesty and integrity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to work with others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diligence as a student /worker
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional stability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Response to authority /instruction /discipline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Academic ability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spiritual influence on others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to minister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness

3. TO YOUR KNOWLEDGE, DOES APPLICANT...

Use tobacco?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Drink alcohol?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Use illegal/habit-forming drugs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gamble?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have a record of community disturbance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Live an immoral life?... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

4. FAMILY/SOCIAL LIFE Describe applicant's marriage/family life: \_\_\_\_\_  
Describe companions with whom applicant usually associates: \_\_\_\_\_

5. APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES:  Warm-hearted /Enthusiastic  Tolerant /Passive  Critical /Contemptuous

6. MINISTRY Is the applicant currently involved in active ministry?.....  Yes  No  Not sure  
Do you think the applicant has a call to the five-fold ministry?.....  Yes  No  Not sure  
Do you recommend that the applicant be considered for enrolment in CACE?.....  Yes  No  Not sure

7. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATING APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

Date: \_\_\_\_\_