
BETHEL BIBLE COLLEGE

CONFIDENTIAL REFERENCE FORM

Applicant's Name: _____

Mailing Address: _____

Contact Number: _____

The above-named applicant has submitted your name as reference in his/her application for admission to Bethel Bible College. Your response to the questions below will greatly assist us in our evaluation of the applicant's suitability for admission to this institution. All information given will be treated with the strictest of confidence.

Please indicate (√) your evaluation of the applicant in the following areas:

	Excellent	Good	Fair	Poor	Unknown
Personal Attributes					
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct					
Accomplishes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

In what capacity have you been associated with the applicant?

Please say what you think is the prospect of the applicant successfully completing our academic programme and what is his/her prospect of making a distinctive contribution to the church and community.

Date: _____

Name: _____

Title: _____

Mailing Address: _____

Contact Number/Email: _____

Signature & Stamp: _____

Please deliver directly to:

The Director of Admissions
Bethel Bible College
7 Patrick Road,
Mandeville
Jamaica

Or mail to:

The Director of Admissions
Bethel Bible College
P.O. Box 1694
Mandeville
Manchester
Jamaica