

Please complete the form below to the best of your ability and return to the Senior Minister/Authorised Delegate at the church the applicant attends.

If more space is required please use the back of the form or an additional sheet.

Your details

First Name:

Last Name:

Email:

Mobile Number:

Applicant Information

The person requiring a reference

First Name:

Last Name:

Church applicant is
ministering at:

Reference Questions

1. How long have you known the applicant (in years)?

____ Years

2. In what capacity have you known the applicant?

3. Have you directly observed the applicant relating to children / young persons?

Yes No

4. In what context and how often?

5. Has the applicant related to children / young persons in a consistently appropriate way?

Yes No

Details, if any:

6. To the best of your knowledge, has the applicant ever related to a child or young person in an inappropriate way or in any way that raised your concern or the concern of others?