



# ECWA Theological Seminary, Jos

## Provisional Accreditation with the Association of Christian Theological Education in Africa (ACTEA) Confidential Spiritual/Character Reference Form

### Instructions to Applicant:

**Note** that this reference form is to be made (printed) two (2) copies; **both copies should not be filled in by same referee. Strictly follow the instructions below:**

**If you are a pastor**, one copy of this form must be filled in by your Senior Pastor or Local Overseer; the other, by your DCC Chairman or Secretary (or another ECWA leader), if you are an ECWA member. If you are a non ECWA member, it should be filled in by the equivalent in your denomination.

**If you are a missionary**, one copy of this form should be filled in by your Local Overseer; the other by your Area Coordinator.

**If you are a teacher**, one copy should be filled in by your Pastor; the other by the Head of your institution, or if this is not appropriate, your Local Overseer, CRK Supervisor, an elder of your church or someone of good standing in the community who knows you well.

**If you are an applicant**, one copy should be completed by your Pastor; the other by the Local Overseer (for potential pastor and missionaries), or an elder of your church, or someone of good standing in the community who knows you well (for potential teachers).

### Instruction to Referee

In order for JETS Faculty to properly evaluate each of its applicants, we would appreciate your co-operation in completing this form to the best of your knowledge of the candidate. Please, note that all information contained in the form will be treated in strictest confidence. Should there be some information about the applicant that you would rather not put in writing, please do not hesitate to contact us directly at the address below.

### Applicant to fill:

Applicant's Full Name: \_\_\_\_\_  
Course Applied For: \_\_\_\_\_  
Referee's Full Name: \_\_\_\_\_  
Referee's position: \_\_\_\_\_  
Referee's Address: \_\_\_\_\_  
Referee's Telephone Number: \_\_\_\_\_

### The following questions should be completed by the Referee

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How well do you know the applicant? Very well  Well  Casually  Not well
4. Is the applicant capable of studying at the level indicated? Yes  No
5. How will this applicant be of benefit to the Church by this course of study? \_\_\_\_\_
6. To the best of your knowledge, is the candidate born again? Yes  No
7. Does the candidate show evidence of having submitted his/her life to the Lordship of Christ? Yes  No
8. Has the candidate been discipled? Yes  No  Not sure
9. If yes, was this in a group?  or one to one?
10. Does the candidate have a clear call to ministry? Yes  No  Not sure
11. Please rate the applicant in the following areas:
 

	Poor	Good	Very good	Not Observed
a. Submission to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Potential for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Team co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Church involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. To the best of your knowledge does the applicant have any following problems?

	Yes	No	Not Observed
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disobedience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occult activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Has the applicant ever been under Church discipline? Yes  No

If yes: When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Is the matter now fully resolved? Yes  No  In the process of resolution

14. Does the applicant have any outstanding debts? \_\_\_\_\_

15. What are the applicant's character strengths? \_\_\_\_\_

16. What are the applicant's character weaknesses? \_\_\_\_\_

17. Would you employ this candidate at the end of his/her course if there was a suitable post? Yes  No

18. In summary, how would you recommend the applicant for this programme? Choose one of the following:

I do not recommend this applicant  I recommend this applicant with reservations

I recommend this applicant  I highly recommend this applicant

If reservations, kindly explain \_\_\_\_\_

19. Is there any other information that you feel necessary for our consideration of this applicant? \_\_\_\_\_

20. \_\_\_\_\_

Signature

\_\_\_\_\_ Date

Thank you for your assistance. Please return this form to the Registrar in a sealed envelope.

All correspondence should be addressed to:

The Registrar  
ECWA Theological Seminary, Jos  
P O. Box 5398, Farin Gada, Goodluck Ebele Jonathan Road,  
Jos, Plateau State, Nigeria,  
Tel: 08061533023  
E-mail: admissions@jets.edu.ng