RECOMMENDATION FROM MINISTER / PASTOR / YOUTH LEADER OF YOUR CHURCH / COMMUNITY

(Name of Applicant) _____ has applied for PNXGLOBAL GAP YEAR. To help us in our selection process, would you please be so kind in answering the following questions confidentially. For any information please feel free to contact us at +27 72 451 1127or email us at admin@pnxglobal.com office hours.

Minister's/Pastor's Details:

Name & Surname/Last Name:	
Postal Address:	
Contact nr:	Email address:

1. How well do you know the applicant?

2. How long has he/she been a part of your Congregation/Ministry?

3. In which ways is he/she involved in your Church/Ministry?

4. How would you evaluate his/her spiritual maturity?

5. Mark the proper description:

	GOOD	AVERAGE	BAD
SPIRITUAL STABILITY			
SOCIAL CONDUCT			
TEAMWORK			

TRUSTWORTHINESS			
HABITS			
HONESTY			

6. Does the applicant show high moral values?

7. Does the applicant show leadership and good communication skills?

8. Can you recommend this applicant for a GAP YEAR at PNXGLOBAL?

9. Mark any of the following, which describes the applicant BEST?

	Impulsive		Unsure		Serious		Loyal		Stubborn		Heart broken
	Extrovert		Self-Assured		Hardworking		Organized		Lonely		Self-conscious
	Submissive		Nervous		Ambitious		Impatient		Moody		Competitive
	Imaginative		Perfectionist		Optimistic		Calm		Still		Good Nature

Notes: Anything specific you want the selection panel to take note of?

I hereby declare that all the information in this recommendation is true and correct to my knowledge.

Signed at _____ on this _____ day of _____20_____.

Signature _____

NB! PLEASE EMAIL THIS FORM TO admin@pnxglobal.com
DO NOT HAND THIS FORM BACK TO APPLICANT