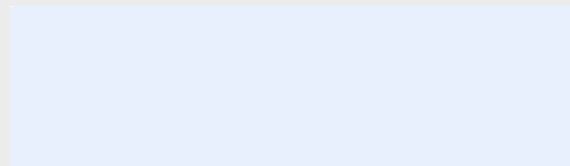


REFEREE REPORT

Applicant name:
Address:
Primary Telephone:
Email address:

I hereby authorise the completion of this form. I waive my right of access to this information and understand that it will be used only for the purpose for which it was prepared.

Signed: (insert image of signature below)	Date:
	

TO BE COMPLETED BY THE REFEREE

Please use this form to give your opinion about the applicant's ability to pursue a postgraduate course in theology, ministry and mission. Please email this completed form to the Ministry Registrar at Sarum College. Should there be anything you would like to discuss please don't hesitate to get in touch.

Email: jgallon@sarum.ac.uk Working hours: Monday to Friday, 8.00 am – 4.00 pm

REFEREE REPORT:

(Please continue on a separate page, if needed.)

If the candidate's first language is not English, please comment on their level of competence:	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Referee:

Position:

Address:

Primary Telephone:

Email address:

Signed: (insert image of signature below)

Date: