



Pastor's/Minister's Reference

Please ask your Pastor or Minister of Religion to fill in the following form.

Your Title & Name	Name of Church & Address	Phone

I have known _____ for _____ years.
(Applicant's name)

Current Attendance - Please tick one box			
Regular	Irregular	Seldom	No affiliation
Current Involvement - Please tick one box			
Dedicated	Adequate	Minimal	No Involvement

Please briefly describe the applicant's involvement

Please tick the following	
I fully support the applicant's application and believe that he/she would be an asset to the College.	
I support the application with some reservations.	
I am unable to support this application.	
For confidential reasons I am unable to support this application.	
Feel free to contact me for further information.	

Please add any further comments	

Signed: _____ Date: _____

Thank you for taking the time to complete this form.
 Please send hardcopy to: PO Box 150 SMITHFIELD SA 5114
 Or email electronic copy to: office@bccc.sa.edu.au