



REFERENCE FORM

PRIVATE AND CONFIDENTIAL

Please email this reference form to: admissions@trinityschooloftheology.org.uk or send it in the post to Trinity School of Theology, Railway Terrace, Rugby, Warwickshire. CV21 3EN

<p>Full Name of Applicant _____</p> <p>Course Applied for _____</p>

How long have you known the applicant? _____

Are you a relation of the applicant? _____

How do you know the applicant? _____

Character and personality Please describe

Emotional stability Please describe

Academic ability Please describe

Leadership qualities Please describe

If you would like to write more detailed information on any matter relating to the applicant, please do so on the extra sheet of paper provided. Thank you.

Any other comments:

Details of Referee

Name: _____

Position & Title (if applicable): _____

Email: _____

Address: _____

Tel: _____

Fax: _____

Signature: _____

Date: _____