

Reference Form

Office use only
Ref:
Date received:

The person named below has applied to be part of an Abaana Team 2017. This will be a part manual/part children's work team to Kampala, Uganda for 2 weeks. You can find more information about Abaana at www.abaana.org. They have given your name as a referee for the application. Please print clearly and answer all the questions. We cannot offer a place on the team to any applicant until we have received your reference.

Name of Applicant: ______

1. Title of Referee:				2. Pre	esent Address:
Mr/Miss/Mrs/Rev/Other:					
First Name:		Pos	tcode	·	
Other names:					
Family Name:					
		Ema	ail: _		
3. Relationsh	ip to	the	appli	icant:	
How do you know the applic	cant?				
How long have you known t	he a	pplica	nt? _		<u></u>
Would you support this appl	licati	on (pl	ease ci	rcle)	Yes / No
Please answer the following ability. 1. Please circle what best descri (1=superior, 2=above average, 3=a	bes	the a	pplic	ant:	
Initiative:	1	2	3	4	5
Social adaptability:	1	2	3	4	5
Concern for others:	1	2	3	4	5
Ability to follow:	1	2	3	4	5
Leadership:	1	2	3	4	5

Judgement/decision mal	king:	1	2	3	4	5		
Emotional stability:		1	2	3	4	5		
Health:		1	2	3	4	5		
2. Please circle which	answer	best	descr	ibes t	he ap	plicant		
Industry:	stry: Hard worker, average, lacks persistence							
Reliability:	Meets obligations, average, neglects obligations							
Co-operative:	Works well with others, average, avoids group activity							
Flexibility:	Open to	change	e, aver	age, ur	nyieldi	ng		
Christian Character:	Well bala	anced,	averaç	ge, unst	table			
Disposition:	Cheerful	, avera	ge, pa	ssive				
Punctuality:	Punctual	, avera	ge, of	ten late	<u> </u>			
Financial responsibility:	Honours	obligat	tions, a	average	e, neg	lectful		
3. Does the applicant	display	high r	noral	stand	lards	? YES / NO;		
If no explain						·		
4. Do you feel the app	olicant is	suita	ble fo	or the	team	YES / NO;		
4. Do you feel the app Please explain						YES / NO;		
	er pertir	nent re	emar	ks you	ı thin	k may be useful to		
Please explain 5. Please add any other	er pertir	nent re	emar	ks you	ı thin	k may be useful to		
5. Please add any othe know. (Medical, drug or	er pertir alcohol	n ent r o abuse,	emar , crimi	ks you inal red	u thin	k may be useful to occultist practices)		
5. Please add any othe know. (Medical, drug or Declaration I have known	er pertinal alcohol	nent ro abuse,	emar , crimi	ks you inal red	u thin	k may be useful to occultist practices)		
5. Please add any othe know. (Medical, drug or Declaration I have known and I believe that the	er pertinal alcohol	nent ro abuse,	emar , crimi	ks you inal red	u thin	k may be useful to occultist practices)		
5. Please add any othe know. (Medical, drug or Declaration I have known and I believe that the Signed:	er pertir	nent reabuse,	emar , crimi	ks you	u thin	k may be useful to occultist practices)		
5. Please add any othe know. (Medical, drug or Declaration I have known and I believe that the Signed: Date:	er pertir alcohol ney pos	sess t	emar , crimi :he qu	ks you	thincord of	k may be useful to or occultist practices) years licated above.		