Korteboskolan

REFERENT´S FORM

For applicants to Basic Theological Year, Counselling Programme, and Theology Programme

Applicant (sökandes för- och efternamn)	**Applicant´s Civic Registration No.** (personnummer)

Referent	**Referent´s Occupation** (yrke)

Telephone, daytime	**Evenings**

1) How do you know the applicant?

2) Please write briefly about the applicant, as far as it is possible.
a) Christian faith, family, studies/work:

b) Social relations:

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c) Capacity for cooperation:

3) What do you think the applicant can contribute to a group (gifts/potential)?

4) How do you assess the applicant´s suitability to serve others through Christian counselling?

Date	**Signature**

Please print, fill out, and send directly to:

Korteboskolan
Västra Storgatan 14, 1 tr
SE – 553 15 JÖNKÖPING
SWEDEN

Please mark the envelope "Referenshandlingar"

www.korteboskolan.edu