



cbc:
carmel bible college

registered address: 817a bath road brislington bristol bs4 5nl united kingdom
t: 0117 977 5536 f: 0117 977 5678 e: info@cbc-uk.org w: www.cbc-uk.org

MINISTERS/PERSONAL/RELATIVE'S RECOMMENDATION FORM

This information should be sent directly to **cbc:** and will be highly confidential.

1. NAME OF PROSPECTIVE STUDENT

Title: Mr Mrs Miss Rev Dr Other: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

The above mentioned has applied for enrollment as a student at carmel: bible college. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. DETAILS OF RECOMMENDING MINISTER/FRIEND/RELATIVE

1. NAME OF RECOMMENDING PERSON

Title: Mr Mrs Miss Rev Dr Other: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

2. TELEPHONE NUMBERS

HOME NO: Area Code: _____ No: _____

WORK NO: Area Code: _____ No: _____

3. POSTAL ADDRESS _____

Post Code: _____

4. RESIDENTIAL ADDRESS (IF NOT THE SAME AS ABOVE) _____

Post Code: _____

5. EMAIL ADDRESS _____ @ _____

5. CHURCH NAME _____

6. CHURCH ADDRESS _____

Post Code: _____

7. POSITION IN THE CHURCH _____ How long have you held this position? _____

8. ARE YOU A GRADUATE OF **cbc:**? Yes No If 'Yes', which year? _____

9. STATEMENT OF FAITH? (If you are a pastor of a church, we kindly request a copy of your church's statement of faith.)
Please indicate whether it is attached: Yes No NA

