

# ECWA Theological Seminary, Kagoro

## Confidential General Reference Form

*(To be completed by a board member or lay leader of the church of which you are a member)*

### **Instruction to the Applicant :**

Please complete this portion of the reference form and submit it to your referee for filling.

<b>Applicant (to fill)</b>		Examination Date _____
1. Applicant's full Name:-	_____	
2. Course Applying for:-	_____	
3. Referee's full Name:-	_____	
4. Referee's Position:-	_____	
5. Referee's Address:-	_____	

### **Instruction to the Referee. :**

On behalf of the applicant listed above, please return this form in a sealed envelope to the Registrar of the Seminary before the examination date indicated, also sign and stamp this reference form (if applicable). (All information on this form will be held in strictest confidence).

#### **Referee (to fill)**

6. How long have you known the applicant ? .....
  7. In what capacity have you known the applicant? .....
  8. How well do you know the applicant? very well ..... rather well ..... casually ..... not well .....
  9. Is the applicant capable of studying at the level indicated ? .....
  10. Has the applicant ever been under Church discipline ? .....
  - When ? .....
  - What Reason ? .....
  - .....
  11. Does the applicant have any outstanding financial debts? .....
  12. Please rate the applicant in the following areas.
- |   | Poor | Good | Very Good | Not Observed |
|---|------|------|-----------|--------------|
| a. Applicant's ministry motivation          | ( )  | ( )  | ( )       | ( )          |
| b. Applicant's submission to authority      | ( )  | ( )  | ( )       | ( )          |
| c. Applicant's submission to discipline     | ( )  | ( )  | ( )       | ( )          |
| d. Applicant's spiritual maturity           | ( )  | ( )  | ( )       | ( )          |
| e. Applicant's team cooperation             | ( )  | ( )  | ( )       | ( )          |
| f. Applicant's family life                  | ( )  | ( )  | ( )       | ( )          |
| g. Applicant's church involvement           | ( )  | ( )  | ( )       | ( )          |
| h. Applicant's health                       | ( )  | ( )  | ( )       | ( )          |
| i. Applicant's leadership-skill             | ( )  | ( )  | ( )       | ( )          |
| j. Applicant's self-confidence & discipline | ( )  | ( )  | ( )       | ( )          |

13. To the best of your knowledge does the Applicant have any of the following problems.
- |                                       | Yes | No  | Not Observed |
|---------------------------------------|-----|-----|--------------|
| a. a drinking problem (alcohol, beer) | ( ) | ( ) | ( )          |
| b. loose morals                       | ( ) | ( ) | ( )          |
| c. a lying problem                    | ( ) | ( ) | ( )          |
| d. a stealing problem                 | ( ) | ( ) | ( )          |
| e. a problem of laziness              | ( ) | ( ) | ( )          |
| f. a money problem                    | ( ) | ( ) | ( )          |
| g. a problem of morality              | ( ) | ( ) | ( )          |
| h. a problem with obedience           | ( ) | ( ) | ( )          |
| i. attending disco- night             | ( ) | ( ) | ( )          |
| j. a smoking problem                  | ( ) | ( ) | ( )          |
14. What is the applicant's strongest characteristic ?
15. What is the applicant's weakest characteristic ?
16. Kindly comment on the applicant's abilities for this level of study.
17. How will this applicant be a benefit to the Church by this course of study ?
18. In summary, how would you recommend the applicant for this programme ? (Choose one of the following)
- |   |     |
|---|-----|
| I do not recommend this applicant           | ( ) |
| I recommend this applicant with reservation | ( ) |
| I recommend this applicant                  | ( ) |
| I highly recommend this applicant           | ( ) |
19. Is there any other information that you feel necessary in our consideration of this applicant?
20. Please sign and date this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your assistance in filling this form. Please return this form to the KETS Registrar in a sealed envelop.

**All correspondence should be addressed to:  
The Registrar,  
ECWA Theological Seminary, Kagoro  
P. M. B. 35 Kagoro, Kafachan-Kaduna Road  
Kaduna State,  
NIGERIA  
<kagorseminary@yahoo.com>**

ECWA Theological Seminary, Kagoro  
 Confidential Academic Reference Form  
 (To be completed by your previous school teacher)

**Instruction to the Applicant :**

Please complete this portion of the reference form and submit it to your referee for filling.

<b>Applicant (to fill)</b>	Examination Date _____
1. Applicant's full Name:-	_____
2. Course Applying for:-	_____
3. Referee's full Name:-	_____
4. Referee's Position:-	_____
5. Referee's Address:-	_____

**Instruction to the Referee. :**

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**Referee (to fill)**

6. How long have you known the Applicant ? .....
7. In what capacity have you known the applicant? .....
8. How well do you know the applicant? very well ..... rather well ..... casually ..... not well .....
9. Is the Applicant capable of studying at the level indicated ? .....
10. If you have taught the applicant, how many of your courses did he/she take? .....
11. How well did the applicant do in the courses? very well ..... rather well ..... casually ..... not well .....

12. Please rate the Applicant in the following areas.	Poor	Good	Very Good	Not Observed
a. Applicant's spoken English	( )	( )	( )	( )
b. Applicant's written English	( )	( )	( )	( )
c. Applicant's study habits	( )	( )	( )	( )
d. Applicant's ministry motivation	( )	( )	( )	( )
e. Applicant's submission to Authority	( )	( )	( )	( )
f. Applicant's teachability	( )	( )	( )	( )
g. Applicant's team cooperation	( )	( )	( )	( )
h. Applicant's Academic Ability	( )	( )	( )	( )
i. Applicant's health	( )	( )	( )	( )
j. Applicant's creativity and imagination	( )	( )	( )	( )
k. Applicant's self-confidence and disciple	( )	( )	( )	( )
l. Applicant's leadership skills	( )	( )	( )	( )
m. Applicant's potential for career advancement	( )	( )	( )	( )
n. Applicant's ability to analyse problems and formulate solutions	( )	( )	( )	( )

13. To the best of your knowledge does the Applicant have any of the following problems.
- |                                       | Yes | No  | Not Observed |
|---------------------------------------|-----|-----|--------------|
| a. a drinking problem (alcohol, beer) | ( ) | ( ) | ( )          |
| b. loose morals                       | ( ) | ( ) | ( )          |
| c. a lying problem                    | ( ) | ( ) | ( )          |
| d. a stealing problem                 | ( ) | ( ) | ( )          |
| e. a problem of laziness              | ( ) | ( ) | ( )          |
| f. a money problem                    | ( ) | ( ) | ( )          |
| g. a problem of morality              | ( ) | ( ) | ( )          |
| h. a problem with obedience           | ( ) | ( ) | ( )          |
| i. attending disco-nights             | ( ) | ( ) | ( )          |
| j. a smoking problem                  | ( ) | ( ) | ( )          |
14. What is the applicant's strongest characteristic ?
15. What is the applicant's weakest characteristic ?
16. Kindly comment on the applicant's abilities for this level.
17. Has the applicant the intellectual ability, energy and perseverance necessary for this level of study?  
Yes ..... No ..... Not Sure .....
18. How will this applicant be a benefit to the Church by this course of study ?
19. In summary, how would you recommend the applicant for this programme ? (Choose one of the following)
- |  |     |
|--|-----|
| I do not recommend this applicant            | ( ) |
| I recommend this applicant with reservations | ( ) |
| I recommend this applicant                   | ( ) |
| I highly recommend this applicant            | ( ) |
20. Is there any other information that you feel necessary in our consideration of this applicant?
21. Please sign and date this form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Kaduna State,**  
**NIGERIA**  
**<kagorseminary@yahoo.com>**

ECWA Theological Seminary, Kagoro  
 Confidential Pastoral Reference Form  
 (To be completed by your church Pastor)

**Instruction to the Applicant :**

Please complete this portion of the reference form and submit it to your referee for filling.

**Applicant (to fill)**

		Examination Date _____
1.	Applicant's full Name:-	_____
2.	Course Applying for:-	_____
3.	Referee's full Name:-	_____
4.	Referee's Position:-	_____
5.	Referee's Address:-	_____

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**Referee (to fill)**

6. How long have you known the Applicant ? .....
7. In what capacity have you known the applicant? .....
8. How well do you know the applicant? very well ..... rather well ..... casually ..... not well .....
9. Is the Applicant capable of studying at the level indicated ? .....
10. Has the Applicant ever been under Church discipline ? .....

When ? .....

What Reason ? .....

.....

11. Does the Applicant have any outstanding financial debts? .....

12. Please rate the Applicant in the following areas.

		Poor	Good	Very Good	Not Observed
a.	Applicant's ministry motivation	( )	( )	( )	( )
b.	Applicant's submission to Authority	( )	( )	( )	( )
c.	Applicant's submission to discipline	( )	( )	( )	( )
d.	Applicant's Spiritual maturity	( )	( )	( )	( )
e.	Applicant's team cooperation	( )	( )	( )	( )
f.	Applicant's family life	( )	( )	( )	( )
g.	Applicant's church involvement	( )	( )	( )	( )
h.	Applicant's health	( )	( )	( )	( )

13. To the best of your knowledge does the Applicant have any of the following problems.
- |                                       | Yes | No  | Not Observed |
|---------------------------------------|-----|-----|--------------|
| a. a drinking problem (alcohol, beer) | ( ) | ( ) | ( )          |
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| c. a lying problem                    | ( ) | ( ) | ( )          |
| d. a stealing problem                 | ( ) | ( ) | ( )          |
| e. a problem of laziness              | ( ) | ( ) | ( )          |
| f. a money problem                    | ( ) | ( ) | ( )          |
| g. a problem of morality              | ( ) | ( ) | ( )          |
| h. a problem with obedience           | ( ) | ( ) | ( )          |
| i. attending disco-nights             | ( ) | ( ) | ( )          |
| j. a smoking problem                  | ( ) | ( ) | ( )          |
14. What is the applicant's strongest characteristic ?
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16. Kindly comment on the applicant's abilities for this level.
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| I recommend this applicant with reservations | ( ) |
| I recommend this applicant                   | ( ) |
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**NIGERIA**  
**<kagoroseminary@yahoo.com>**

ECWA THEOLOGICAL SEMINARY, KAGORO  
**MEDICAL CLEARANCE FORM**  
*(To be completed by a trained medical officer)*

Applicant's Name .....

Program Apply for .....

**To be completed by the candidate**

Please indicate with a + and - and fill in the date of diagnosis if positive

- 21. Tuberculosis [ ] .....
- 22. Epilepsy [ ] .....
- 23. Drug Allergic [ ] .....
- 24. Cardiac disease [ ] .....
- 25. Asthma [ ] .....
- 26. Ulcer [ ] .....
- 27. Syphilis [ ] .....
- 28. Renal Disease [ ] .....
- 29. Diabetis [ ] .....
- 30. Drug abuse [ ] .....
- 31. Psychosis [ ] .....
- 32. Hypertension [ ] .....
- 33. Rheumatism [ ] .....
- 34. Cancer [ ] .....
- 35. Pneumonia [ ] .....
- 36. Typhoid fever [ ] .....
- 37. Leprosy [ ] .....
- 38. Other Communicable Disease [ ] .....
- 39. Regular medication (s) [ ] .....

**II. To be completed by examining physician**

**A. Physical examination.**

- 40. Height \_\_\_\_\_ cms/in
- 41. Weight \_\_\_\_\_ Kgs/lbs
- 42. Blood pressure : Systolic \_\_\_\_\_ mmHg \_\_\_\_\_ mmHg
- 43. Pulse Rate \_\_\_\_\_ /min [ ] Regular [ ] Irregular
- 44. Eye Sight (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) colour Blindness  
 \_\_\_\_\_  
 Uncorrected                      Corrected
- 45. Hearing : Normal [ ] Impaired [ ]
- 45. Speech : Normal [ ] Impaired [ ]
- 46. Chest :  
 X-ray film  
 Date .....

Film no. ....  
Lung fields .....  
Cardiomegaly [ ]  
Bone Cage .....  
Diaphragmatic domes .....

Please describe the results of physical and X-ray examinations of applicant's chest, also note the exact date of X-ray (X-ray taken more than 6 months prior to the certification is not valid).

47. Abdomen.

Hernia [ ] Liver enlargement [ ] Splenomegaly

**B. Laboratory test.**

1. Urinalysis: PH ( ) Glucose ( ) Protein ( )  
48. Stool : Ova ( ) Cyst. ( ) Trophozoites ( ) Occult ( )  
Blood ( )  
49. Haemoglobin : \_\_\_\_\_ gm/dl , PCV/HCT \_\_\_\_\_ %  
WBC Count: \_\_\_\_\_ / Cmm.  
50. H.I.V. Positive [ ] Negative [ ]  
5. Comment . .....

.....  
.....

**J. Conclusion:**

In view of the applicant's history and above findings it is my observation that his/her health status is adequate to pursue rigorous academic and extra curricular programs.

Fit [ ] Unfit [ ]

Signature : .....

Date : .....

Examining Physician's name : .....

Rank : .....

Address : .....

.....

**All correspondence should be addressed to:**

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