

ASSESSMENT FORM

Bethel International Training College

2025/2026 Academic Year



APPLICANT'S FULL NAME _____

The remainder of this form is to be filled out by the applicant's local church pastor.

PASTOR'S DETAILS

PASTOR'S FULL NAME	
CHURCH NAME	
CHURCH LOCATION	
DENOMINATION	
CONTACT NUMBER	
EMAIL ADDRESS	

GENERAL ASSESSMENT OF THE APPLICANT

HOW LONG HAVE YOU KNOWN THE APPLICANT?	
HOW WELL DO YOU KNOW THE APPLICANT? (TICK ONE OPTION)	Just by name and sight
	Casually – speak occasionally
	Very well – have a close personal relationship
TO THE BEST OF YOUR KNOWLEDGE, HAS THE APPLICANT MADE A PERSONAL COMMITMENT TO THE LORD JESUS CHRIST?	Yes No Unsure
WHAT FORM OF CHRISTIAN SERVICE HAS THE APPLICANT BEEN REGULARLY ACTIVE IN (YOUTH, SUNDAY SCHOOL, MUSIC ETC)?	
ARE THERE ANY PERSONALITY CHARACTERISTICS THAT HINDER THIS PERSON IN THEIR RELATIONSHIP WITH OTHERS?	

HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING AREAS?

SERVANTHOOD	Outstanding	Good	Fair
SUBMISSIONS	Outstanding	Good	Fair
FAITH	Outstanding	Good	Fair
WILLINGNESS TO SACRIFICE	Outstanding	Good	Fair

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DO YOU RECOMMEND THE APPLICANT'S ACCEPTANCE INTO BETHEL INTERNATIONAL TRAINING COLLEGE? WRITE YOUR COMMENTS BELOW

Large empty rectangular box for writing comments.

PASTOR'S SIGNATURE _____

DATE _____