

Anglican Deaconess Ministries Limited

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Anglican Deaconess Ministries Applicant-Nominated Referee Report Form

Referees - please submit the signed report by the application date.

Applicant

Family name		Given name		Title	

Project title

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Referee

Family name		First name		Title	
Position					
Phone		Fax			
Email					
Department					
Organisation					
Address line 1					
Address line 2					
Locality					
State					
Postcode					
Country					

- I am willing for my report to be made available to the applicant after the selection process is complete.
- I do not wish my report to be made available to the applicant.

This report should be completed by the referee and sent directly to

The Secretary, ADM Scholarships Committee
Suite 103, Level 1 St Andrew's House
464-480 Kent St
Sydney NSW 2000

Applicant Nominated Referee Report

Applicant	
Project title	

Please state if you have personal knowledge of the Applicant, and in what capacity you have this knowledge (e.g. Rector, co-author, co-researcher, supervisor, academic advisor)

<i>Applicant</i> Track record of the applicant relevant to opportunity and career stage; ministry or leadership potential; knowledge of financial need.		
<i>Significance of proposed topic or study to candidate's ministry</i>		
<i>Methodology</i> Comment on the proposed project methodology		
<i>Wider benefit to Christian ministry</i>		

Referee's signature		Date	
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