



# International Chinese Biblical Seminary in Europe

## Recommendation Letter for the Applicant

Name of the Applicant: \_\_\_\_\_

Program Applied for:  Certificate of Christian Work  
 Bachelor of Theology  
 Master of Pastoral Ministry  
 Master of Biblical Studies  
 Master of Divinity

*(The applicant should complete the above section.)*

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**Notice:** This is a confidential document. Please do not share with the applicant. Kindly email it directly to [admission@icbsie.com](mailto:admission@icbsie.com) (Committee of Admission), or send it by post to:

**International Chinese Biblical Seminary in Europe**  
Ramal de la Raconada 5, 08860 Castelldefels, Barcelona, Spain.

Thank you very much!

**Referee Information:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Title: \_\_\_\_\_ Tel: \_\_\_\_\_

Organization Represented: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address/Email:

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Relationship with the Applicant: \_\_\_\_\_

Duration of Acquaintance: \_\_\_\_\_

**Applicants' Background:**

**The applicant:**

- (1) Is confident in their calling from God.
- (2) Has been serving for a period of time and is now applying to ICBSIE for theological training to become a full-time pastor.
- (3) Has a passion for ministry, as reflected in the following evaluation.

**Personal Assessment:**

(Please rate the applicant in the following areas using a scale of 1 to 4, where 1 = Poort and 4 = Excellent. If not applicable, select N/A.)

	1	2	3	4	N/A		1	2	3	4	N/A
Bible knowledge	<input type="checkbox"/>	Devotion Life	<input type="checkbox"/>								
Emotional Stability	<input type="checkbox"/>	Obedience	<input type="checkbox"/>								
Tolerance for Frustration	<input type="checkbox"/>	Responsibility	<input type="checkbox"/>								
Flexibility	<input type="checkbox"/>	Learning Ability	<input type="checkbox"/>								
Relationship with others	<input type="checkbox"/>	Motivation	<input type="checkbox"/>								
Positive Self-image	<input type="checkbox"/>	Self-Discipline	<input type="checkbox"/>								

(Additional Comments: \_\_\_\_\_)

**Spiritual Gifts Evaluation:**

(Please rate the applicant in the following ministry skills using the same scale as above.)

	1	2	3	4	N/A		1	2	3	4	N/A
Leadership(Planning & Organization)	<input type="checkbox"/>	Preaching	<input type="checkbox"/>								
Teaching	<input type="checkbox"/>	Pastoral Care	<input type="checkbox"/>								
Evangelism	<input type="checkbox"/>	Administration & Management	<input type="checkbox"/>								
Personal Evangelism	<input type="checkbox"/>	Worship Leading	<input type="checkbox"/>								
Music Ministry	<input type="checkbox"/>	Administrative Tasks	<input type="checkbox"/>								
Other:	<input type="checkbox"/>										

Recommended Ministry Areas: (Please check all that apply.)

- Children's Ministry
- Youth Ministry
- Adult Ministry
- Women's Ministry
- Elders' Ministry
- Other: \_\_\_\_\_

(Additional Comments: \_\_\_\_\_)

**Recommendation & Final Comments:**

1. Based on this application, the seminary may consider the following options:

- Accept
- Consider
- Reject
- No comment

2. If you selected “**Accept**”, what areas do you think the applicant needs more training in?

3. If you are a church or organization leader, would you welcome the applicant back to serve after graduation?

- Yes, we welcome the applicant to return.
- No, it is not necessary.

*(Explanation: \_\_\_\_\_)*

Signature:

Date:

dd/mm/yy