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**RECOMMENDATION FORM**

**Applicant Student Details**

Name: Date:

Address:

Street Suburb State P/code

Phone: Email:

Dear friend,

You have been nominated by to support their application for admission to the Spiritual Direction training programs at Dayspring. This form has been prepared to assist you in writing your recommendation. Thank you for your interest in the applicant and for your support of spiritual direction formation.

YOUR RESPONSE WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHOWN BY DAYSPRING STAFF TO THE APPLICANT.

Please complete this on your computer – that way your answers will expand into each section available to it.

|  |
| --- |
| 1. In what way are you acquainted with the applicant and their ministry? |
| 1. What is your personal appraisal of the applicant's gifts, calling, and actual works as a spiritual guide for others? *(Please note that "spiritual guide" implies attending specifically to people's prayer life, communion with life, felt relationship with God spiritual experiences, and the like.)* |
| 1. What is your appraisal of the applicant’s spiritual maturity? |
| 1. Please tell us about one area of the applicant’s life or work in which you feel there is need for growth. |
| 1. Is there anything else you would like to tell us about the applicant or that you think we should know? |
| **YOUR DETAILS**  Name: Date  Address:  Phone  Signature |

On Completion, please return to

The Dayspring Community (WA) Incorporated

Dean of Studies, Dr Beth Roberton

Email – [Bethr@iinet.net.au](mailto:Bethr@iinet.net.au)

Post – PO Box 78 BASSENDEAN WA 6934