

Date Form filled out .....

***This Section to be completed by the "Applicant"***

Your Name .....

The Applicant has requested to be considered for  
Credential status with CTFM in the following capacity:eg.  
Apostolic /Prophetic /Teacher /Pastor /Evangelist /Other

***Information to the Referee***

***Please complete the following questionnaire*** and upon  
the completion of the form, **fax or post back** to us.  
Details are on the back of the form. Thank you!

***Referee's Details:***

Title Ms / Miss / Mrs / Mr / Ps / Rev / Dr (Please Circle)

Male  Female

Last Name: .....

First Name: .....

Address: .....

Suburb: .....P/Code: .....

Phone (H) : ..... (W) .....

Mobile .....

Email: .....

Have **you** been in recognised five-fold Ministry?

Have **you** held a credential at any time? Yes / No

**ABOUT THE APPLICANT:**

How long have you known the Applicant and in what  
capacity?

How is your relationship with the Applicant? (Circle)

Average /Good / Very Good /Excellent

...and how often do you communicate & in what way?

Have you witnessed the Applicant minister in area being  
applied for? Please comment...

In your experience, is the Applicant open to receive Godly  
correction and direction? Please comment...

How would you describe the Applicant's standing in the  
body of Christ?

Is there anything at all that CTFM needs to know from  
your knowledge, which might help us in our decision  
making for the Applicant's Credential?

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Are you convinced that the Applicant will sacrificially serve the Lord and stand for the Truth, even if he/she has to lose their reputation by doing so? Yes / No

CTFM has a policy of zero tolerance on Abortion, Homosexuality, Drugs, Alcohol, Smoking, and Extra-Marital Sex, etc. at all times. Are you aware of any current area that would disqualify the Applicant? Yes / No  
If "yes" please comment

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CTFM at all times shall strive to respect & honour the Body of Christ & its leadership. Do you believe that the Applicant would be willing to abide by this? Yes / No

Is there anything we have not covered which you would like to add?

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*\* Please note the information you supply will be kept confidential. Additional information may be attached.*

*The Applicant has signed the following*

**PRIVACY RELEASE WAIVER\***  
In accordance with Privacy Legislation, CTFM keeps your application & all given information confidential. This means we must have your permission to discuss your application, references with the relevant persons. It is in your best interests to release us to do this.  
*I hereby agree to the terms and conditions above. Yes/No*

**Please return this either by fax or mailed within two weeks of receiving the form.**

**Return to:** Credential Administrator  
**Catch The Fire Ministries Inc, PO Box 7427, Dandenong, Vic 3175**  
**Fax (03) 9794 9311 Phone: (03) 9794 8211**  
Email: [dianne@catchthefire.com.au](mailto:dianne@catchthefire.com.au)

*For office use only:*  
Date Received in office.....

# Catch The Fire Ministries Inc



Referee Form  
- Credential  
Application