

# *Religious Formation Ministry Programme*

## **RECOMMENDATION FORM**

Applicant's Family Name ..... First Name .....

Address .....

.....

Referee's Name .....

Position .....

How long have you known the applicant? .....

In what relationship? .....

1. What strengths do you recognise in this applicant?

2. What areas do you identify for further growth?

3. In what ways do you think this programme can facilitate the applicant's human and spiritual growth?

4. Based on your knowledge of the applicant, where do you anticipate she/he may experience the greatest challenge in this programme?

5. In what role would you hope to see the applicant exercising leadership in the future?
  
6. How would you describe the applicant's present state of physical and psychological health?
  
7. Other information you consider to be relevant to the consideration of this application?

Signed ..... Date .....

Address .....

.....

Tel. No. .... Mobile/Cell .....

E-mail.....

**Please return this form to:**

The Director  
Religious Formation Ministry Programme  
Willow Park  
Rock Road  
Blackrock  
Co. Dublin  
IRELAND

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