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**CANDIDATES PACK 2025**

**FOR ORDAINED MINISTRY TRAINING**

Referee

Report One

Due Monday 25th August 2025

To: Te Hāpai o Ki Muri

Private Bag 11-903

Ellerslie

AUCKLAND 1542

Ph: (09) 5254179

Email: [admin@tehapai.org.nz](mailto:admin@tehapai.org.nz)

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| **TO THE CANDIDATE:** |
| Please **fill in Section one** and then email this form to a referee of your choice, to complete Section two.  This person should have known you for some time and be familiar with the way you relate to people. Suitable people may include family friend, teacher, colleague, club leader, or sports coach.  **Please note: Immediate families are not eligible to act as a referee.**  The purpose of this report is to get another perspective of who you are and how you function in a variety of situations. This will also give an independent view of your gifts, abilities and experience.  Once your chosen referee has completed this form, they must forward it directly to **Te Hāpai o Ki Muri** as soon as possible. Therefore, when emailing the form to your chosen referee, please copy **Te Hāpai o Ki Muri** in so they are aware who to expect the form from as well as ensuring Section one is completed first. |

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| **TO THE REFEREE:** |
| The person who has given you this form has applied to the Methodist Church of New Zealand in order to be able to minister in our church. We are currently collecting a range of information, and you have been nominated as a referee. We would appreciate it if you could take a moment to answer the following questions.  The purpose of this report is to get another person’s perspective of who the candidate is and how the candidate functions in a variety of situations. It will give us an independent view of the candidate’s gifts, abilities and experience.  When you have completed this form, please send this to [admin@tehapai.org.nz](mailto:admin@tehapai.org.nz) or mail as soon as possible.  Please be assured that all comments will be held in strictest confidence. Your honesty and time are very much appreciated. |
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| **HOW DO I FILL OUT THIS FORM?** |
| This form must be completed on a computer.  Where a ‘text box table’ is provided, this will automatically expand to give you as much room as you need to fill out details. Where a ‘check box’ is provided, use the mouse to double click on the option(s) you want. A text box will appear, tick **checked** under Default value, then ok.  If you have any problems with the form, please contact **Te Hāpai o Ki Muri** on the number or email provided on the front page. |

*Reviewed in October 2022*

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| **SECTION ONE**  Details are to be completed by the Candidate. | | |
| 1.1 | Candidates name |  |
|  | Phone number |  |
|  | Email address |  |

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| **SECTION TWO**  To be completed by the Referee | | | | |
|  | Referees Name | |  |
|  | Phone number | |  |
|  | Email Address | |  |
|  | | | | |
| 2.2 | | How long have you known the candidate? (Provide date if possible) | | |
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|  | | In what capacity have you known the candidate? (Please give details for example, as personal or family friend, teacher, employer, colleague, church leader, etc.) | | |
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| 2.3 | How does the candidate relate to other people? Consider whether you have seen the candidate relate to people across the age range (children, peers and older adults), or just with a limited group. |
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| 2.4 | Are you aware of any of the candidate’s other interests or skills? |
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| 2.5 | Please share your experience of the candidate in the following areas. | |
| a) | Is able to communicate ideas and concepts well in a variety of ways. |  |
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| b) | Listens well to others. |  |
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| c) | Shows leadership ability. |  |
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| d) | Carries out responsibilities or delegated tasks willingly. |  |
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| e) | Shows a willingness to learn & grow. |  |
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| 2.6 | Do you have any reservations or concerns you would like to bring to our attention? If yes, please give details below. |
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| 2.7 | How did you become aware of the importance of the Christian faith in the candidate’s life? |
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| 2.8 | Please add any further comments you would like to make |
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| 2.9 | Part of our process is verification of all documents. May we phone or email you back if required? |  | Yes |  | No |
|  | *Where a ‘check box’ is provided, use the mouse to double click on the option(s) you want. A text box will appear, tick* ***checked*** *under Default value, then ok.* | | | | |

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| 2.10 | Referees Name |  |
|  | Signed |  |
|  | Date |  |

Thank you for your assistance in this matter.

Your help is very much appreciated.

Thank you