

# FORM 5

## CONFIDENTIAL TESTIMONIAL



Please send this form directly to:

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TO BE COMPLETED BY A CONFIDENTIAL REFERENT

APPLICANT NAME	
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This student is applying for the iALA program. Please provide your name as confidential referent for assessment of character and personality.

REFERENT DETAILS	
Name	
Address	
Contact number	

MY RELATION TO THE APPLICANT IS				
<input type="checkbox"/>	Reverend/Pastor	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Other	<input type="checkbox"/>

I HAVE KNOWN THE APPLICANT FOR		YEARS AND SEE OUR RELATIONSHIP AS		
<input type="checkbox"/>	Very close	<input type="checkbox"/>	Relatively close	<input type="checkbox"/>
<input type="checkbox"/>	Not that close	<input type="checkbox"/>	Minimal	<input type="checkbox"/>

WHAT EXTREMELY STRONG PERSONALITY TRAITS DOES THE APPLICANT SHOW?

CHARACTER PROFILE	EXCELLENT	GOOD	OKAY	BAD	DON'T KNOW
A pleasant personality					
Sense of responsibility					
Level of maturity					
Self-image					
Emotional stability					
Acceptance of discipline and tasks					
Reliability					
Honesty					
Adaptability					
Ability to join in group / team activities					
Self-discipline					
Fitness level and Physical health					

#### ADDITIONAL COMMENTS

WHICH ON OF THE FOLLOWING BEST DESCRIBES THE APPLICANT'S PERSONALITY?									
<input type="checkbox"/>	Adult	<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>	Depressive	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Childish

WOULD YOU RECOMMEND THAT THE APPLICANT BE ACCEPTED IN THE iALA 2021 PROGRAM?	
YES, (comments)	
NO, because	
NOT SURE, because	

REFERENT DETAILS	
May we contact you telephonically if need be?	
Signature	Date