

**Reference Form for
EQUIP Formation Program**

Your Name:

Date:

Email:

Phone number:

Relationship to applicant:

Name of applicant:

This applicant is applying to EQUIP, a program of formation in the Archdiocese of Halifax-Yarmouth. Please give your opinion to the following questions regarding the applicant's suitability for this formation opportunity.

	Poor	Adequate	Good	Very Good	Excellent	Not able to say
Intelligence						
Ability to express self orally						
Ability to express self in writing						
Perseverance						
Sense of leadership						
Emotional maturity						
Resourcefulness						
Ability to work on a team						
Listening Skills						
Sense of the New Evangelization						
Openness to learning						

In what ways do you believe this person can contribute to the life of the local Church of Halifax-Yarmouth?

In what areas does the applicant need to grow or develop to prepare for ministry?

Would you recommend this candidate for EQUIP? Why or why not?

CONFIDENTIAL – Do not return this form to the applicant.

Please email to Chris O'Hara cohara@halifaxyarmouth.org or mail directly to the
Office of Pastoral Life & New Evangelization, 1559 Brunswick St., Suite 101, Halifax, NS, B3J2G1 Attn: EQUIP