





**5. EVIDENCE IN SUPPORT OF YOUR APPLICATION (please continue on separate sheet if necessary):**

## 6. REFEREES

Please give the names and addresses of two persons willing to act as referees on your behalf:

<b>Name:</b>	<b>Address:</b>
<b>Phone No:</b>	<b>e-mail:</b>

<b>Name:</b>	<b>Address:</b>
<b>Phone No:</b>	<b>e-mail:</b>

<b>Signature:</b>	<b>Date:</b>
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**PLEASE RETURN COMPLETED FORM TO:**

**Miss Margaret McGuinness  
Church Secretary  
Coatdyke Congregational Church  
8a Parkhead Lane  
AIRDRIE ML6 6ND**