A picture containing text

Description automatically generatedApplication for

the renewal of a

Lay Ministry Authorisation

Please complete the form below, either electronically or by hand, and return a signed copy, to Cath Hughes, Vocations and Training Co-ordinator,

St Mary’s House, The Close, Lichfield, WS13 7LD. (email: [cathy.hughes@lichfield.anglican.org](mailto:cathy.hughes@lichfield.anglican.org))

*The information on this form will be held and used in accordance with the diocesan Privacy Policy which can be viewed at* [*https://www.lichfield.anglican.org/website-privacy-notice/privacy-policy.php*](https://www.lichfield.anglican.org/website-privacy-notice/privacy-policy.php)*.*

**Part 1 – Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | | | | | | | | | | | | | | | | |
| **First name(s):** |  | | | | | | | | | | | | | | | | | | | |
| **Preferred name:** |  | | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | |
| **Home phone:** |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |
| **Mobile:** |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |
| **Email:** |  | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** |  | |  | | **/** | |  | |  | | **/** | |  | |  | |  | |  | |
| **Name and title of partner or spouse:** |  | | | | | | | | | | | | | | | | | | | |

**Part 2 – Authorisation Details**

|  |  |
| --- | --- |
| **Parish(es) / Benefice:** |  |

|  |  |
| --- | --- |
| **Type of Authorised Lay Ministry:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of first admission:** |  |  | **/** |  |  | **/** |  |  |  |  |
| **Date of current Authorisation**  **(or last renewal) :** |  |  | **/** |  |  | **/** |  |  |  |  |
| **Date of renewal application:** |  |  | **/** |  |  | **/** |  |  |  |  |

*Please tick to confirm that you have enclosed the following documentation:*

The original hard copy of your Authorisation

A signed copy of your Role Descriptor

**Continuing Ministerial Development**

*The equivalent of 1 day per year of your Authorisation (i.e. the five years since your last renewal or the number of years since your admission if this is your first renewal).*

Have you completed your CMD?

Yes

No If no, please give a reason:

|  |
| --- |
|  |

**Part 3 – Safeguarding and Disclosure and Barring Service**

**Safeguarding Training**

**Church of England Leadership Safeguarding Training**

*Safeguarding Training is valid for 3 years*.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Training:** |  |  | **/** |  |  | **/** |  |  |  |  |

**Disclosure and Barring Service (DBS) Clearance**

**Enhanced Certificate appropriate to the role in the parish**

*DBS certificates are valid for 3 years.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Disclosure:** |  |  | **/** |  |  | **/** |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disclosure number:** |  |  |  |  |  |  |  |  |  |  |  |  |

**Part 4 – Confirmation of Support**

*Please note, for Lay Ministers who are authorised to more than one parish, we require a copy of Part 4 of this application to be completed for* ***each******PCC/DCC*** *or equivalent.*

|  |  |
| --- | --- |
| **Name of Lay Minister:** |  |

is applying for to renew their Lay Ministry Authorisation in

|  |  |
| --- | --- |
| **Parish(es) / Benefice:** |  |

We confirm that:

* we have undertaken a review of the applicant’s ministry and the role descriptor has been updated accordingly;
* there have been no safeguarding issues concerning this applicant;
* we support the renewal of this authorisation.

**TO BE COMPLETED BY APPLICANT:**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**TO BE COMPLETED BY INCUMBENT (OR EQUIVALENT):**

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Parish:** |  |
| **Signed:** |  |
| **Date:** |  |

**TO BE COMPLETED BY PCC/DCC SECRETARY:**

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Parish:** |  |
| **Signed:** |  |
| **Date:** |  |