Application to transfer

a Lay Ministry Authorisation

Authorised Lay Ministers who move from one parish to another within the diocese can apply to transfer their authorisation to the new parish after a period of six months.

Please return the completed transfer application form and current authorisation to:

Cath Hughes, Vocations and Training Co-ordinator,

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

**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:** |  |
| **Ethnic group:** | *This information is held confidentially and only used for statistical purposes.* |
| **White** ❑ British ❑ Any other White background **.****Dual Heritage** ❑ White and Black Caribbean ❑ White and Black African ❑ White and Asian ❑ Any other Dual Heritage background**Asian or** ❑ Indian ❑ Pakistani**Asian British** ❑ Bangladeshi ❑ Chinese ❑ Any other Asian background **Black or** ❑ Caribbean ❑ African**Black British** ❑ Any other Black background**Other ethnic group** ❑ Arab ❑ Any other Ethnic Group**Prefer not to say** ❑ |

**Part 2 – Authorisation Details**

|  |  |
| --- | --- |
| **Parish(es)/Benefice(s) to which you are applying to transfer** **your authorisation:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of transfer application:**  |  |  | **/** |  |  | **/** |  |  |  |  |

|  |  |
| --- | --- |
| **Parish(es)/Benefice(s) to which you were previously authorised:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of first authorisation:**  |  |  | **/** |  |  | **/** |  |  |  |  |
| **Date of current authorisation:** |  |  | **/** |  |  | **/** |  |  |  |  |
| **Please include the original copy of your current authorisation.** |

|  |  |
| --- | --- |
| **Lay Ministry Review** | **Please include a signed copy of your role descriptor.** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Review with your new incumbent:** |  |  | **/** |  |  | **/** |  |  |  |  |

|  |  |
| --- | --- |
| **Continuing Ministerial Development** | *The equivalent of 1 day per year.***Please give details of CMD undertaken in the last 5 years:** |
|  |

**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:** |  |  |  |  |  |  |  |  |  |  |  |  |

*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 4 – Confirmation of Support**

*For Lay Ministers who are applying to transfer their authorisation to more than one parish, we require a copy of this section to be completed for* ***each******PCC/DCC*** *or equivalent.*

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

is applying to transfer their authorisation to

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

We confirm that:

* we support the transfer of this authorisation;
* we have agreed a role descriptor.

**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:** |  |