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Application for a Lay Funeral Minister PtO

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)

**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 – 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 for Vulnerable Adult and Child Workforce, including Adult and Child barred list checks.**

*DBS certificates are valid for 3 years.*

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

**Part 3 – Confirmation of Support**

*Please note, if applying for a Lay Funeral Minister PtO in more than one parish, we require a copy of Part 3 of this application to be completed for* ***each******PCC/DCC*** *or equivalent.*

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

is applying for Permission to Officiate as a Lay Funeral Minister in:

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

We confirm that:

* there have been no safeguarding issues concerning this applicant;
* we support the ongoing ministry of this applicant.

**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:** |  |