A picture containing text

Description automatically generatedApplication to transfer

a Lay Ministry licence or PtO from another parish or diocese

Readers and Lay Funeral Ministers who move from one parish to another within the diocese or move into the diocese from elsewhere in the Anglican Communion, can apply to transfer their licence or PtO to the new parish after a period of six months.

Licensed Lay Ministers

Lay Ministry licences in the Diocese of Lichfield are issued for 5 years, until the age of 70. Licences are renewed on 01 May in the 1st and 6th years of each decade. Licences issued in interim years will be for the remaining unexpired portion of the current 5 year period.

Lay Ministers with PtO

Lay Ministers over 70 years of age offer ministry with a Permission to Officiate (PtO) rather than a licence.

The length of PtO granted depends on the age of the Lay Minister:

* Age 70 - 3 year PtO
* Age 71 to 75 - 2 year PtO
* Age 76 and over - 1 year PtO.

Please return the completed transfer application form and current licence or PtO 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 you provide to the diocese of Lichfield is held in accordance with the GDPR (General Data protection Regulation) rules; see the full privacy policy at:*

<https://d3hgrlq6yacptf.cloudfront.net/5f3ffdd147bb3/content/pages/documents/1592563524.pdf>

**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 – Licence/PtO Details**

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

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

|  |  |
| --- | --- |
| **Parish(es) / Benefice(s) to which you were previously licensed or held a PtO:** |  |
| **in the diocese of:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of first licence:** |  |  | **/** |  |  | **/** |  |  |  |  |
| **in the diocese of:** |  | | | | | | | | | |
| **Date of current or most recent licence or PtO:** |  |  | **/** |  |  | **/** |  |  |  |  |
| **in the diocese of:** |  | | | | | | | | | |
| **Please include the original copy of your current licence and/or PtO.** | | | | | | | | | | |

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

*DBS certificates issued before 01 January 2022 are valid for 5 years. DBS certificates issued from 01 January 2022 are valid for 3 years.*

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

**Part 4 – Confirmation of Support**

*For Lay Ministers who are applying to transfer their licence or PtO 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 licence / PtO to

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

We confirm that:

* we support the transfer of this licence/PtO;
* 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:** |  |