Application to transfer

a Reader PtO from another parish or diocese

Readers 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 PtO to the new parish after a period of six months.

Readers over 70 years of age offer ministry with a Permission to Officiate (PtO).

The length of PtO granted depends on the age of the Reader:

* 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)

*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 – PtO Details**

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

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

**Safeguarding Training**

**Church of England Leadership or PtO Pathway 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 4 – Confirmation of Support**

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

|  |  |
| --- | --- |
| **Name of Reader:** |  |

is applying to transfer their PtO to

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

We confirm that:

* we support the transfer of this 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:** |  |