**Candidate Recommended for Commissioning as a**



**Local Worship Leader**

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| **Candidate Details** |
| Title and Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Parish/ Benefice/ Cluster |  |
| Why I feel called to be recommissioned |  |
| Any training since last commissioning |  |
| Signature & date |  |

**For PCC Use:**

For insurance reasons Local Worship Leaders **must** be approved by their PCCs.

This approval should be demonstrated by members of the PCC voting at a PCC meeting for the candidate. (*If the candidate is a member of the PCC, they should not attend the meeting when the matter is discussed or voted on, nor should they sign their own forms*).

Please send a copy of the relevant minutes with this form.

The signatures (below) confirm that such a ballot has taken place.

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| **PCC Approval** |
|  | **Title and Name** | **Signature** | **Date**  |
| **PCC Lay-Vice Chairman**Or other post holder |  |  |  |
| **Parish Priest** |  |  |  |