**To be completed by the applicant**

|  |
| --- |
| I, *(insert full name in capitals)*  of the Parish(es)/Benefice/Cluster of  *(insert full names of parishes/benefice/cluster)*  Apply for authorisation/renewal of authorisation to take Communion to private and residential homes, hospitals and hospices in the parish(es)/benefices/clusters named above.  Signed: Dated: |

**To be completed by the Incumbent/Priest in Charge**

|  |
| --- |
| I, *(insert name in capitals)*  the incumbent of the Benefice/Parish(es)/Cluster of  *(insert full name of parishes/benefice/cluster)*  support (*insert name of the applicant*) in their application.  I confirm that I have discussed this application with the above named person and we have agreed the arrangements under which this ministry will be undertaken.  I wish (insert name) to be able to take Communion to those in private and residential homes, hospitals and hospices in this parish/benefice/cluster and request that authorisation be given/renewed for a period of three years.  Signed: Dated: |

**To be completed by the PCC Secretary** *(in the case of multi-parish benefices or clusters, only the Secretary of the PCC in which the minister is on the Electoral Role needs to sign).*

|  |
| --- |
| The PCCs of *(insert name of parish(es)/benefice/cluster)*  met on *(insert meeting date(s))* and passed a motion to support the application by  *(insert name)* for the renewal of their authorisation for a period of three years.  Signed: Date: |

*Please return the completed form to sarah.welply@truro.anglican.org (scanned copies are acceptable*), or by post to Church House, Truro.

**Safeguarding Training & DBS Check**

|  |  |
| --- | --- |
| Date of Enhanced DBS Check |  |
| Date of Safeguarding C2 Leadership Training |  |
| Date of Domestic Abuse Awareness Training |  |

**Confirmation that Authorisation can be given:**

**Signed:** **Date:**

**Name:**

**Role:** Lay Ministry Development Officer