**Candidate Recommended for Training  
 as a Local Worship Leader**



|  |  |  |
| --- | --- | --- |
| **Candidate Details** | | |
| Title and Name |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Parish/ Benefice/ Cluster |  | |
| Why I feel called to this ministry |  | |
| Previous training or relevant experience | **(continued over page)** | |
| Name and contact details of 2 Referees.  One of which should be from employment or previous work in a similar role if possible  **These will need to be taken up by the PCC as the ‘employing’ body.** |  |  |
| How do you know them? |  |  |
| 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.

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

**On completion, please return this form to**

**Lydia Remick, Lay Ministries Development Officer**

**lydia.remick@truro.anglican.org**