**Candidate Recommended for Training
 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 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.

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| **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**