**Authorised Lay Ministry Application Form**

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| **About You:** | | | | | |
| **Full Name** | |  | | | |
| **Preferred first name** | |  | | | |
| **Home Parish** | |  | | | |
| **Incumbent** | |  | | | |
| **E-mail Address** | |  | | | |
| **Home Address** | |  | | | |
|  | | **Postcode** |  | | |
| **Telephone:** | |  | | | |
|  | | **Home** |  | | |
|  | | **Mobile** |  | | |
| **Date of Birth** | |  | | | |
| **How long have you been attending your local church?** | | | | | |
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| **How are you involved in the life of your current local church?** | | | | | |
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| **About Your Possible Vocation:** | | | | | |
| **Which ALM area would you like to specialise in? \***  \*Please note that we recommend focusing on one or two electives initially. If you are interested in broader ministry, please discuss this with your incumbent. | | | | | |
| Children’s Ministry  Pastoral Care  Preaching  Small Group Leadership  Worship Leading  Youth Ministry  Community Ministry  Administration  Mentoring ☐ Later Life Ministry  Please note that each elective module will be run once a year, subject to sufficient applications. You can check the dates of these electives on our website. | | | | | |
| **In no more than 400 words state why you feel God is calling you to ALM ministry:** | | | | | |
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| ***Do you face any challenges to accessing training?***  Please give details below so we can ensure that reasonable adjustments are made where possible. | | | | | |
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| ***Is there anything else that you would like us to know before we meet with you?*** | | | | | |
|  | | | | | |
| **Signed:**  (type your name) |  | | | **Date:** |  |
|  | | | | | |
| **To Be Completed By Your Incumbent:** | | | | | |
| I **recommend / do not recommend** this applicant for consideration for ALM training in Blackburn Diocese | | | | | |
| Please give reasons for your answer below: | | | | | |
|  | | | | | |
| *All ALMs need a DBS check to begin training. Applicants on the* ***Children’s Ministry****,* ***Youth Ministry****,* ***Later Life Ministry*** *or* ***Pastoral Care*** *electives need to have an enhanced DBS check in place. Applications on the ALM* ***Preaching****,* ***Worship Leading****,* ***Small Group Leadership****,* ***Administration****,* ***Mentoring****, or* ***Community Ministry*** *electives need to have a basic DBS check in place. Please indicate whether the appropriate DBS certificate has been received, or note the date it has been applied for:*   * Certificate received * DBS check applied for on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Signed:**  (type your name) |  | | | **Date:** |  |
| This candidate was approved by the PCC on | | | | | |
| **Date of meeting:** | | | | | |
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**Data Protection**

The information you supply on this form will be used by Blackburn Diocese in accordance with current Data Protection legislation (The General Data Protection Regulation and Data Protection Act 2018). From the point at which your application is received, it is necessary for Blackburn Diocese to hold and process a certain amount of your data in both printed and electronic formats, which will be held securely with limited protected access. Processing the data requested is necessary for the purposes of implementing, administering and managing training programmes in Blackburn Diocese, ensuring your health and safety, identifying and meeting any training and development needs, contacting you regarding training and related administrative matters.

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| **Declaration:**  I have read and understood how Blackburn Diocese intend to process data pertaining to my application. I consent to the processing of my personal data as described above | |
| **Signed:** | **Date:** |

Please return this form to Abi Saunders, administrator for the Growing Leaders Team, by email to [abi.saunders@blackburn.anglican.org](mailto:abi.saunders@blackburn.anglican.org) and we will be in touch with you to help you explore what God might be calling you into.