**Application Form – Lay Pastoral Assistant**

We are delighted that you would like to become an LPA. Please complete this form and return to the Lay Ministries Team. Details will be kept and used in accordance with our Data Privacy Policy.

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| **Name of Applicant:** |  |
| **Address:****Postcode:** |  |
| **Telephone:** |  |
| **E-mail address:** |  |
| **Parish/Benefice & Deanery** |  |

To be completed by Applicant:

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| **Approved Training completed** | Date: |
| Training Details: Exploring Pastoral Care OR Other CourseFor Exploring Pastoral Care please indicate your specialist sections 7 & 8. If another course was attended please give details: |
| **Assessed Visit Approved** | Date: |
| **Safeguarding Training Undertaken (enter date)** | **C0** | **C1** | **C2** |
| **Enhanced DBS obtained** | Children □ Vulnerable Adults □Certificate Number:Issue Date: |
| **PCC Approval of the Applicant** | Date Approved by each relevant PCC: |
| **Signature of Applicant:** | Signature: Date: |

To be completed by Incumbent / Church Leader in Vacancy

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| **Safer Recruitment** | I confirm that safer recruitment (interview and references) has been satisfactorily completed and that I will support and facilitate the Applicant's ministry as LPA:Name in Print:Signature: Date: |

Please return form to: **Lay Ministries Administrator, Ministry for Mission, Flourish House, Cathedral Park, Wells, BA5 1FD** with:

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| * Copy of Assessed Visit Feedback
* Copy of Ministry Specification
 | * Signed Data Privacy Form
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