

Application Form – Lay Pastoral Assistant

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

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

To be completed by Applicant:

Approved Training completed	Date:		
Training Details: For Exploring Pastoral Care please indicate your specialist sections 7 & 8. If another course was attended please give details:	Exploring Pastoral Care	OR	Other Course
Assessed Visit Approved	Date:		
Safeguarding Training Undertaken (enter date)	Basic Awareness	Foundation	Leadership
Enhanced DBS obtained	Children <input type="checkbox"/> Vulnerable Adults <input type="checkbox"/> 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

Safer Recruitment	<p>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:</p> <p>Name in Print:</p> <p>Signature: _____ Date: _____</p>
--------------------------	--

Please return form to: **Training and Ministry Administrator, Mission Support and Ministry Development, Flourish House, Cathedral Park, Wells, BA5 1FD** with:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Assessed Visit Feedback | <input type="checkbox"/> Signed Data Privacy Form |
| <input type="checkbox"/> Copy of Ministry Specification | <input type="checkbox"/> Signed Confidential Declaration Form |