**Personal details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Known as** |  |
| **Title** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Home phone** |  |
| **Mobile** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Date of birth** |  |

|  |  |
| --- | --- |
| **Name of spouse or partner** |  |

**DBS clearance**

Enhanced certificate for adult and child workforce, including adult and child barred list checks.

*DBS certificates are valid for 3 years.*

|  |  |
| --- | --- |
| **Certificate number** |  |
| **Certificate date** |  |

**Safeguarding training**

PtO Pathway or Leadership Training

*Safeguarding Training is valid for 3 years.*

|  |  |
| --- | --- |
| **Certificate date** |  |

**OR Training booked**

*If safeguarding training is booked or still in progress a PtO will be issued for 1 year on the understanding that the training is completed as soon as possible.*

|  |  |
| --- | --- |
| **Training start date** |  |
| **Cohort number** |  |

**PtO Details**

I am applying for a Lay Funeral Minister PtO as follows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parish or Benefice** | |  | | |
| **Name** | |  | | |
| **Signature** |  | | **Date** |  |

**Confirmation of Support**

*Please sign below OR email your confirmation of support to the Vocations & Training Team -* [*cathy.hughes@lichfield.anglican.org*](mailto:cathy.hughes@lichfield.anglican.org) *– including the statement below.*

I support this application for a Lay Funeral Minister PtO and confirm that there have been no safeguarding issues concerning this applicant and that the Church of England Safer Recruitment practice ([Section 3 - Safer Recruitment and People Management | The Church of England](https://www.churchofengland.org/safeguarding/safeguarding-e-manual/safeguarding-religious-communities/section-3-safer-recruitment)) has been adhered to.

**Incumbent (or equivalent)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parish or Benefice** | |  | | | |
| **Name** | |  | | | |
| **Signature** |  | | **Date** |  | |
| **OR confirmation of support sent by email** | | | | |  |

*Please provide confirmation of support from each PCC where PtO would be held.*

**PCC Secretary (on behalf of the PCC)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parish** | |  | | | |
| **Name** | |  | | | |
| **Signature** |  | | **Date** |  | |
| **OR confirmation of support sent by email** | | | | |  |

**PCC Secretary (on behalf of the PCC)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parish** | |  | | | |
| **Name** | |  | | | |
| **Signature** |  | | **Date** |  | |
| **OR confirmation of support sent by email** | | | | |  |