



DIOCESE OF
LICHFIELD



Come follow Christ in the footsteps of St Chad

Living Discipleship Application Form

Please return to Helen Scheven, Training Co-ordinator,
1 Three Spires House, Station Road, Lichfield, WS13 6HX.
helen.scheven@lichfield.anglican.org. 01543 306223

Full Name:

Title:

The name you prefer to use:

Date of Birth:

Age:

Address:

Postcode:

Email Address:

Telephone

Home:

Mobile:

Parish Church you usually attend:

Name of Incumbent:

ABOUT YOU

Please provide a brief overview of your gifts, the areas of ministry in which you are interested and your reasons for applying for Living Discipleship.

If there is anything else in your past or present circumstances which you feel it might be helpful or relevant to share, please include this in an accompanying letter. This should include any details of criminal convictions or investigations in relation to the Children Act.

Letter Attached

Letter not attached

Signature: Date:

Using your Personal Information

The personal information which you give us and which we obtain from others in the course of the discernment process (as appropriate) is held by us as a Vocations and Training team on behalf of the Bishop of Lichfield. We will use it only for the purpose of assessing your suitability for ordained ministry in the Church of England. The information will be shared as necessary with others involved in the discernment process and in particular:

- The Bishop of Lichfield and his/her staff and advisers;
- (if you proceed to a Bishops' Advisory Panel) the Ministry Division of the Archbishops' Council;
- (if you are recommended for training) your training institution and
- (if you proceed to ordination) with the Bishop who ordains you.

We will not otherwise share your personal information without your consent.

You have the right to ask for a copy of the information which we hold about you. If you would like a copy of some or all of this information, please write or send an email to Angela Bruno (angela.bruno@lichfield.anglican.org).

In signing and submitting this form you are agreeing to the use of your personal information in the ways that we have described.

Signature:

Date:

TO BE COMPLETED BY THE INCUMBENT:

I support this application for the Living Discipleship course and confirm that the applicant is a member of my parish:

Name (BLOCK CAPITALS):

Signature: Date:

Email:

Telephone:

Any additional comments:

TO BE COMPLETED BY A MEMBER OF THE PCC:

The PCC support this application for the Living Discipleship course:

Name (BLOCK CAPITALS):

Signature: Date:

Email:

Telephone:

Any additional comments: