**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**

Leadership Training.

*Safeguarding Training is valid for 3 years.*

|  |  |
| --- | --- |
| **Training date** |  |

**OR Training booked**

*Please ensure this training is completed as soon as possible.*

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

**Licence Details**

I am applying to renew my Lay Funeral Minister Licence as follows.

|  |  |
| --- | --- |
| **Parish or Benefice** |  |
| **Name** |  |

|  |  |
| --- | --- |
| **Date of first licence** |  |
| **Date of current licence** **or last renewal** |  |
| **Date of renewal application** |  |

|  |
| --- |
| **I have enclosed** |
| The original hard copy of my licence |  |
| A signed copy of my role descriptor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**Confirmation of Support**

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

I support this application for the renewal of a Lay Funeral Ministry licence 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 the licence is 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** |  |