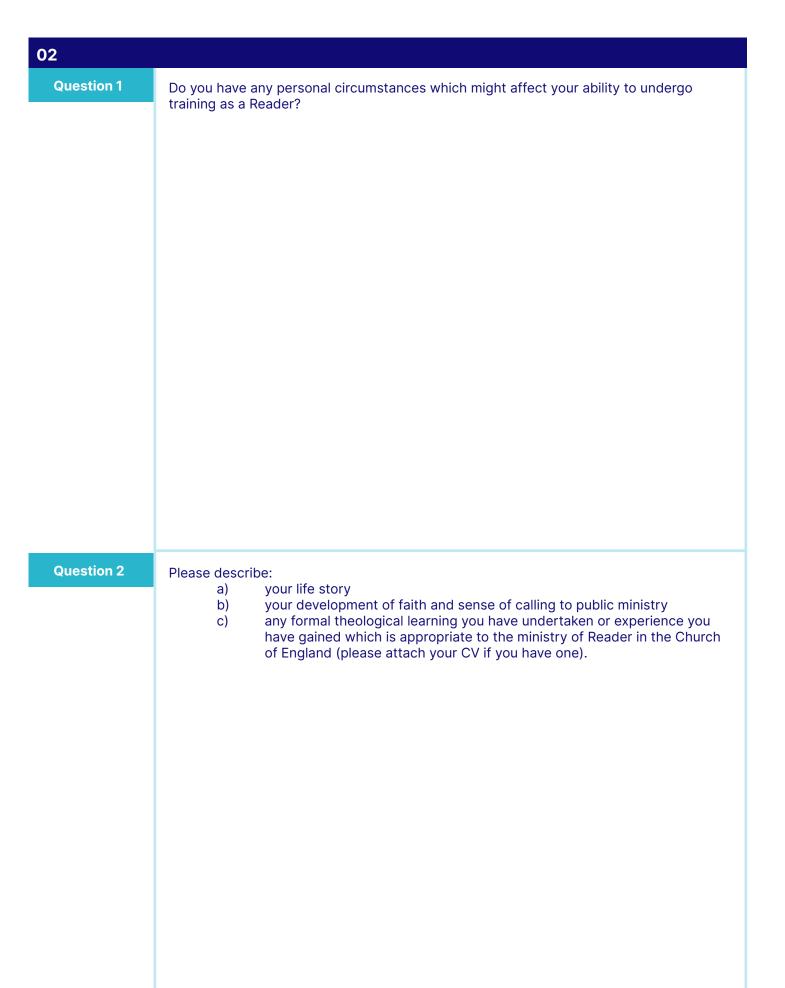


# **Appendix 1 - Application Form for Readers**

This application must be endorsed by the Chaplain who will be asked to provide a reference once your application has been received. A copy of a supportive resolution from the Chaplaincy Council should be sent with this form in the form of an extract from the relevant Council Meeting minutes.

01		
Role information	Chaplaincy details	
	Chaplaincy email address	
	Applicant's full name	
	Full address (house number, street name, town)	
	Country	Postcode
	Telephone	
	Email address	
	Date of birth	
	Date and place of Baptism	
	Date and place of Confirmation	
	Were you confirmed by a Bishop?	
	Confirmed by (please indicate if this is an Anglican Bishop):	
	Occupation	
	Marital status	



Question 2 additional page

#### References

Please supply the names, addresses and emails of two people (not to include your chaplain) who would give a reference on your behalf as to your suitability for preparation for ministry as a Reader. These will be preferably:

- 1. A lay member of the congregation, and
- 2. someone who knows you in a non-church setting (work, community organisation, etc). To demonstrate good practice, please select a male and a female referee.

Referee one	
Title	
Surname	
Forenames/s	
Email address	
Telephone	
Current address (house number, street name, town)	
Country	Postcode
Referee two	
Title	
Surname	
Forenames/s	
Email address	
Telephone	
Current address (house number, street name, town)	
Country	Postcode

### 03

#### **Declaration**

Applicant signature

Print name

Date (DD/MM/YYYY)

Chaplain signature

Print name

Date (DD/MM/YYYY)

### 04

## Where to send this form?

Please return your completed form directly to Polly Freeman:

Email: polly.freeman@churchofengland.org

Post: Diocese in Europe, 14 Tufton Street, London, SW1P 3QZ, United Kingdom