# Authorised Lay Ministry – Confirmation of Reauthorisation

*Please read the notes overleaf before completing this form, and complete the Data Protection Act Consent there. Then send the form to* [*training@cofe-worcester.org.uk*](mailto:training@cofe-worcester.org.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Details | |  |  |  |  |
| Full Name |  | | | | |
| Address |  | | Email |  | |
|  |  | |  |  | |
|  |  | | Phone |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Declarations | | | | | |
| **ALM’s declaration:**  *I believe I am still called to serve as an ALM in the benefice / parish named above  under the oversight of my incumbent.* | | | | | |
| Signature | |  | Date |  | |
|  | | | | | |
| **Parish Priest’s declaration:**  *I believe this person continues to be called to serve as an ALM in our benefice / parish,  and I will reauthorise, support, nurture, and oversee their development in this ministry.* | | | | | |
| Signature | |  | Date |  | |
|  | | | | | |
| **Parish Safeguarding Officer’s declaration:**  *I have met with this person, and reviewed whether they need a DBS check to carry out their ALM role.* | | | | | |
| They need / already have a DBS check for the role as it now is  (and we are completing any necessary paperwork) | | | | Yes 🞏 | No 🞏 |
| Signed |  | | Date |  | |
|  | | | | | |
| **PCC Declaration:**  *At the below meeting of the PCC, the PCC received the incumbent’s and PSO’s statements, and reaffirmed their support for this person continuing in authorised lay ministry in our benefice.* | | | | | |
| PCC Secretary’s signature | |  | Date Signed |  | |
| Date of PCC Meeting | |  | | | |

|  |  |
| --- | --- |
| ALM Renewal | |
| Year of initial authorisation |  |
| Parish and Deanery |  |
| Date of Parish Reauthorisation |  |

# Notes

1. The form asks for the name of your parish or benefice: it may have changed since your initial authorisation. If you are in a multi-parish benefice or team ministry, you and your parish priest need provisionally to agree whether you will primarily work within a single parish, or across the whole team or benefice. Where appropriate, we recommend that you work across and enter on this form) the largest area, benefice rather than parish, and team ministry rather than district.
2. The form refers to your parish priest. If this role is currently vacant, you should speak with your Rural or Area Dean about whether they, or another appropriate minister, should agree and sign this for you, and about who will ask your PCC to discuss their support.
3. Guidance on the authorisation process for ALM Ministry can be found online in section A24 of the diocesan compendium: <http://www.cofe-worcester.org.uk/diocesan-compendium/ministry/ALM-authorisation>
4. The information given on this form will be used to fill in your certificate of completion of training. Please notify us if your name, parish or contact details change.

# Data Protection Act Consent

*Training for Authorised Lay Ministry in the Diocese of Worcester is delivered by the Worcester Diocesan Board of Finance Limited. We need to hold information to contact you as Authorised Lay Minister.*

*The information you have provided on this form giving your name, address, email address(es), telephone number and Church / Parish will be held and used for the purposes of data processing, communication and information gathering. It may be shared within the structures of the Church of England and ecumenical partners within the diocese and nationally. Whilst we store your details on our database which is located on servers in the UK, your email address and your name may, for the purposes of some email communications to you, be stored by us or our agents on other servers which are outside the European Economic Area.*

I confirm that:

1. I am content for the details to be used for the above purposes unless I notify you otherwise in writing.
2. The e-mail address(es) you hold may be used for communicating, including individual and group communications.

Signed…………………………………………………………Date……………………….

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