Funeral and Bereavement Course Application Form

Kennington St Mary's Church Hall, Church Road, Kennington, TN24 9DQ Closing Date for applications 31 July 2020

- Please complete sections A1 A7 & ensure your incumbent completes sections B1-B3
- Return to Sarah Lucas, Diocesan House, Lady Wootton's Green, Canterbury, CT1 1NQ
 During an Interregnum candidates are advised to postpone their training.

A 1	Preferred Interview Date
	10 Sept (1pm-5pm slots) ☐ 17 Sept (10am-1pm slots) ☐ No preference
A2	Personal Details
Title	First Name: Surname:
Nam	e to be known by: Address:
	Postcode:
Tel (Day): Mob:
Ema	il: Date of Birth://
Eme	rgency Contact Name and Telephone:
	Please tick if you are happy for your name, telephone and email to be included on a tutor and student contact list Please tick here if you are happy for us (including other diocesan departments and groups) to contact you with details of further training opportunities and diocesan events.
А3	Personal Requirements
	ou have a physical or other disability / condition which may necessitate special arrangements? / No (delete as appropriate)
If yes	s please give details:
	se give details of any medical conditions, (including prescribed) medication we need to be re of in case of an emergency:
The n	ary requirements (e.g. Vegetarian, gluten free):

^{*} Decisions on course viability will be taken after the closing date. Applications for viable courses will be accepted after the closing date.

A4 Course Training Pre-requisite To enrol on this course you should have completed a Deepening Discipleship course and be either a Worship Leader or a Pastoral Assistant ALM or be a Licenced Reader in the Diocese of Canterbury. Please indicate the details below.
☐ I have completed a Deepening Discipleship Course
Year completed and venue:
☐ I am currently ministering as an ALM in either Worship Leading or as a Pastoral Assistant
Year completed and venue
☐ I am a Licenced Reader in the Diocese of Canterbury
Year of Licencing:
 If you have not been locally authorized as an ALM or are not a Reader and your PCC wishes you to do the Funeral and Bereavement elective with a view to conducting funerals you will need a letter of support in addition to the application specifying: How your previous or training experience exempts you from the prerequisite course. Eg. you will be able to understand the worship and pastoral contexts and effectively minister in leading funerals. How the training minister will oversee your training gaps with a view to funeral and bereavement ministry on behalf of the local church.
A5 Experience and Training Please give an outline of any experience and training that you have undertaken and your reasons for wishing to attend this course. Please use additional paper if necessary.
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A5	Experience and Training (continued)
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A6 This	Disclosure and Barring Service (DBS) - Enhanced Disclosure training requires an enhanced adult workforce disclosure from the DBS which will disclose:
•	Details of all convictions, cautions, reprimands and warnings held on the Police National Computer (PNC) A check of the Children's and Vulnerable Adults lists Information held by the police which is considered relevant by a chief police officer(s)
an er your	he responsibility of the parish to ensure that your disclosure is satisfactory. If you do not hold nhanced disclosure through the diocese that was issued less than 5 years ago, please contact Parish Disclosure Officer. Further information is available from the DBS helpdesk at Diocesan se (01227 459401)
	I have a valid (less than 5 years old) enhanced CRB / DBS disclosure issued through the diocese (on behalf of your current parish).
	Disclosure Date:/ Disclosure Number:
	I have applied for an enhanced DBS disclosure through my parish and will provide the details above once it arrives
poss	se note a valid DBS disclosure must be in place by the start of the course. If you do not ess a current disclosure it is recommended that you apply for one via your Parish Disclosure as as possible after you submit your ALM application form . In addition it
A7	Applicants Signature
	ature:
	e (Printed): Date/

Please give this application form to your incumbent for them to complete the next session

Ministry Agreement for approval by the PCC - usually for a period of three years. By agreeing to sponsor this student you are agreeing to see that you or another responsible person or group supervise the student.
Incumbent Signature:
Name (Printed): Date://
Incumbent Email:
Parish: Deanery:
Name of Training Supervisor (if not incumbent)
Training Supervisor Address:
Tel:
Email:
Training Supervisor (if not incumbent) Signature:
B2 Incumbent / Training Minister Reference

Incumbent / Training Minister Reference (continued)
Parish Guidelines for potential ALM authorisation: what a PCC should look for in any person
authorised for ALM Ministry and for pre-course discernment.
 Identifiable focus of ministry Giftings, skills and a learning capacity for fulfilling ministry A Christian character judged suitable for this representative role as a public face of the church community
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