



## Lay Learning Course: Walking Together in Faith

**01**

**Contact  
information**

Title

Surname

Forenames/s

Chaplaincy you attend

Email address

Telephone

Current address  
(house number, street  
name, town)

Country

Postcode

**02**

**Further  
information**

Please share your reason(s) for being interest in the course:

Please state whether you are registering as

A participant in the online version of the course

A leader for a local in person version of the course (interested in participating in a training session being organised for leaders)

A participant in a local in person version of the course

Do you potentially wish to submit work and be awarded the Bishop's Certificate? Tick if YES or leave blank if NO

**06**

**Where to send  
this form?**

**Please return this form to Ministry Team Administrator, Polly Freeman.**

**Email:** [polly.freeman@churchofengland.org](mailto:polly.freeman@churchofengland.org)

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