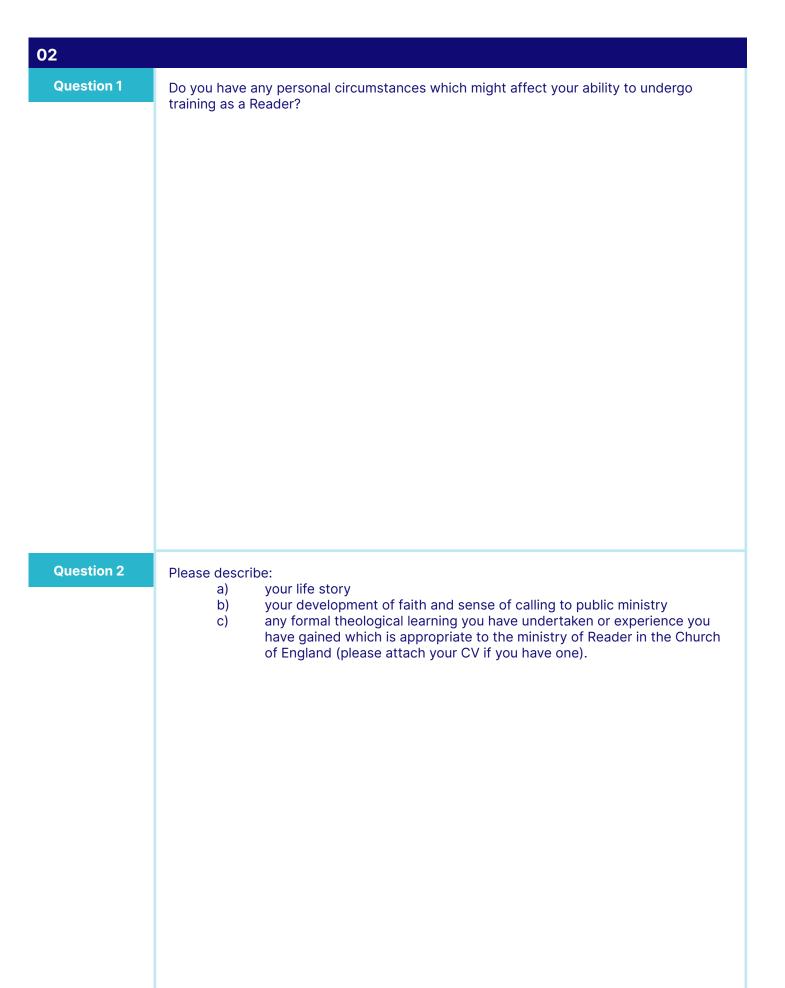


Appendix 1 - Application Form for Readers

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	
	Chaplaincy details:	
	Current 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 give contact details for 2 referees one of whom needs to be an Anglican priest or deacon. Your referees will need to be people with whom you have recently been in contact (i.e. during the last 6 months). They must not be related to you. They should be able to comment on your character/personality and any experience of working in a team.

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