



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 1

Do you have any personal circumstances which might affect your ability to undergo training as a Reader?

Question 2

Please describe:

- a) your life story
- b) your development of faith and sense of calling to public ministry
- c) any formal theological learning you have undertaken or experience you have gained which is appropriate to the ministry of Reader in the Church of England (please attach your CV if you have one).

Question 3

Please indicate whether you have ever lived in the United Kingdom for a period exceeding six months

Yes

No

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

Declaration

Applicant signature

Print name

Date (DD/MM/YYYY)

Chaplain signature

Print name

Date (DD/MM/YYYY)

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