



## Lay Learning Course: Walking Together in Faith

**01**

**Contact  
information**

Title

Surname

Forenames/s

Email address

Telephone

Current address  
(house number, street  
name, town)

Country

Postcode

**02**

**Details of  
somebody in  
leadership  
at your  
chaplaincy  
whom we can  
contact to  
verify your  
involvement.**

Chaplaincy you attend

Contact name

Contact email address

**03**

**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

## 04

### 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