****

Extended Ministerial Development Leave

Application

Proposed start date:

Click here to enter a date.

Proposed end date:

Click here to enter a date.

|  |  |
| --- | --- |
|  **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
|  |
|  |
| **Email:** | Click here to enter text. |
| **Tel:** | Click here to enter text. | **Alt. Tel:** | Click here to enter text. |
| **Date of Ordination as Deacon:**  |  | Click here to enter text. |
| **Date of staring current appointment in this Diocese:** |  | Click here to enter text. |
|  |
| **Please give an outline of your proposed EMDL:** |
| Click here to enter text. |
| **Name of person who will act as mentor:** | Click here to enter text. |
| **Have you discussed your plans with your Wardens/PCC?** | Click here to enter text. |
| **Does your Archdeacon support this application:** | Click here to enter text. |
|  |
| **Estimated Costs** |
| Travel: | £ Click here to enter text. |
| Other Expenditure (please specify): | £ Click here to enter text. |
|  | £ Click here to enter text. |
|  | £ Click here to enter text. |
| **Total:** | **£ Click here to enter text.** |
|  |
| **Please give details of any financial assistance you have sought beyond the Diocese:** |
| Click here to enter text. |
| **Any agreed EMDL grant will be paid direct to your bank account via BACS.** |
| **Payable to:** | **Sort Code:** | **Account No:** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| **Signed:** | Click here to enter text. | **Dated:** | Click here to enter text. |
|  |
|  |
| FOR OFFICE USE ONLY |
| Finance Cost Code: | 64340UA 04MTRA |
| Training Grant: | £ |
| Signed Training Team Leader: |  |
| Date: |  |
|  |  |