**Application Form – Lay Worship Assistant**

We are delighted that you would like to become an LWA. Please complete this form and return to the MS&MD Team. Details will be kept and used in accordance with our Data Privacy Policy.

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| **Name of Applicant:** |  |
| **Address:****Postcode:** |  |
| **Telephone:** |  |
| **E-mail address:** |  |
| **Parish/Benefice & Deanery** |  |

To be completed by Applicant:

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| **Approved Training completed** | Date: |
| Training Details: Exploring Worship OR Other CourseFor Exploring Worship please indicate your specialist sections 6 & 7. If another course was attended please give details: |
| **Assessed Service Approved** | Date: |
| **Safeguarding Training Undertaken (enter date)** | **Basic Awareness** | **Foundation** | **Leadership** |
| **Enhanced DBS obtained** | Children □ Vulnerable Adults □Certificate Number:Issue Date: |
| **PCC Approval of the Applicant** | Date Approved by each relevant PCC: |
| **Signature of Applicant:** | Signature: Date: |

To be completed by Incumbent / Church Leader in Vacancy

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| **Safer Recruitment** | I confirm that safer recruitment (interview and references) has been satisfactorily completed and that I will support and facilitate the Applicant's ministry as LWA:Name in Print:Signature: Date: |

Please return form to: **Training and Ministry Administrator, Mission Support and Ministry Development, Flourish House, Cathedral Park, Wells, BA5 1FD** with:

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| * Copy of Assessed Service Feedback
* Copy of Ministry Specification
 | * Signed Data Privacy Form
* Signed Confidential Declaration Form
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