

**APPLICATION FORM – pupil side**

Name of Pupil:

Date of Birth:

Class:

I would like to become a pupil chaplain, because…



What qualities can you bring to pupil chaplaincy?

What’s your favourite Bible story and why?



I commit to attending the pupil chaplain meetings, and I promise to do my best to learn, listen and serve in my role:

 Pupil signature



**APPLICATION FORM – parent/carer side**

I give permission for my child (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to join the Pupil Chaplaincy team.

Parent/Carer name:

Parent/Carer email address and phone number:

**Media Consent**

I understand that photographs and videos may be taken of the students in context of their roles and that these may be published by the school, church and diocese in digital and printed formats.

Pupil signature:

Parent/Carer Signature: