**Renewal Application Form – Lay Pastoral Assistant**

This form is to be completed for each person applying for a **renewal** of their LPA Commendation. This renewal is valid for **5 years**. The completed form should be signed by the incumbent and the applicant. 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:** |  |

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| **PCC Approval of Renewal** | Date Approved by each relevant PCC: |
| **Enhanced DBS obtained** | Children □ Vulnerable Adults □Certificate Number:Issue Date: |
| **Safeguarding Training Undertaken (enter date)** | **C0** | **C1** | **C2** |

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|  | **Incumbent/Church Leader in Vacancy** | **LPA Applicant**  |
| Signed: |  |  |
| Name in print: |  |  |
| Date: |  |  |

Please return form to: **Lay Ministries Administrator, Ministry for Mission, Flourish House, Cathedral Park, Wells, BA5 1FD** with:

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| * Signed Data Privacy Form
 | * Copy of Ministry Specification
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