Reader Training

Application Pack

2014



Reader Training Application

Please complete:						
Your name:						
Your parish:						
Please tick to confirm you have enclosed the following:						
Your application form						
A Confidential Declaration form						
A passport sized photograph						
Please tick to confirm that the following documentation is being comp	oleted:					
A Vocations Advisers report						
A "Journey in Faith" course tutors reference						
Your incumbents reference						
Your personal reference						

Please attach this form to the front of your application.



Application Form Reader Training

Please refer to the criteria for selection to help you respond to the following questions. Do use additional space if you need to.

2. Your calling:						
Please briefly explain why you feel called to Reader ministry.						
3. Your practical experience:						
Please briefly describe the practical experience you have that could be developed in your training. Please refer to experience from any paid or voluntary work you have had as well as roles you have						
had in your current or previous church.						

4. Your training experience:						
Please summarise your educational and vocational qualifications.						
F. W						
5. Your personality and character:						
Please briefly describe your personality and character.						
Please sign and date this form:						

PCC Approval of an Applicant for Training for Reader Ministry



Guidance Notes

Men and women who offer themselves for public ministry are taking a step in faith that includes a certain amount of vulnerability and their offering should be treated sensitively and with gratitude. PCCs often find it difficult to discuss the suitability of a candidate but experience shows that doing so before Selection for Reader Training takes place is most helpful in the long term.

We do not recommend that the candidate be subject to a rigorous local selection process or interview. However, you may wish to invite the candidate to speak about their sense of calling for a few minutes at a PCC meeting. It is usually best that subsequent discussion of the candidate's strengths and the mission of the parish takes place without the candidate being present. After the meeting, it is important that someone lets the candidate know the outcome as soon as possible.

Some questions you may wish to consider in your discussions:

- Is the applicant of good standing in the parish?
- Does the applicant have the potential to offer a Reader ministry that will assist the local church in its mission, following training?
- Is the parish willing to contribute to the prayerful support and encouragement of the applicant in their training and in their ministry?
- Is the PCC willing to make a financial contribution to the cost of training; offering compensation for travel costs, books and other resources?
- Which part(s) of the mission and ministry of the parish are likely to be served by this developing ministry?

Please note that we do not require a detailed report from the PCC. The diocesan selection process already includes personal references and interviews. But what we do require is confirmation that the PCC has taken due note of this request and has given proper consideration to the issues and is willing to confirm its support of the applicant. This is done by signing and returning this form.

Benefices with more than one parish must return a copy of the following form for each parish in which the candidate may ultimately serve.

•

The PCC of the Parish of								
considered the possibility of	(name of applicant)							
serving as a Reader in the parish at its m	(date).							
The PCC supports this candidate for Reader.								
Signed	(PCC Secretary)		(date)					
Signed	(incumbent/priest-in-charge)		(date)					

Reference Form for Applicant for Reader Trainng - Incumbent



Name of Applicant
Parish/church of Applicant
Name of Referee
Contact details for Referee
How long have you known the applicant and in what capacity?
Have you shared this reference with the applicant? Yes/No
Please sign and date this reference below

Please refer to the criteria for selection and write a short paragraph under each heading given in the criteria describing how, in your experience, the applicant meets that criteria.

Please attach this front cover to your reference and send it to: Canon Dr Esther Elliott, Derby Church House, Full Street, Derby, DE1 3DR or esther.elliott@derby.anglican.org

Reference Form for Applicant for Reader Trainng - tutor/small group leader



Name of Applicant
Parish/church of Applicant
Name of Referee
Contact details for Referee
How long have you known the applicant and in what capacity?
Have you shared this reference with the applicant? Yes/No
Discos sign and data this reference heless
Please sign and date this reference below

Please refer to the criteria for selection and write a short paragraph under each heading given in the criteria describing how, in your experience, the applicant meets that criteria. It would be helpful if you could particularly focus on their skills in theological learning and reflection.

Please attach this front cover to your reference and send it to: Canon Dr Esther Elliott, Derby Church House, Full Street, Derby, DE1 3DR or esther.elliott@derby.anglican.org



Reference Form for Applicant for Reader Trainng – Personal Referee

Name of Applicant						
Name of Referee						
Contact details for Referee						
How long have you known the applicant and in what capacity?						
Have you shared this reference with the applicant? Yes/No						

Please comment on the applicants communication skills. This includes skills in communicating using a variety of methods and their ability to use language appropriate to the context.							
Please comment on the applicants interpersonal skills. This includes skills in developing and maintaining healthy personal and professional relationships, generating trust and displaying honesty and working well and collaboratively in a team setting							

Please comment on the applicants appitude for learning, personal development and their ability to handle change.						
Please use this space to make any further comments you would like to						
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Please use this space to make any further comments you would like to Signed						
Signed						

Please attach additional pages if you need to. When complete send to: Canon Dr Esther Elliott, Derby Church House, Full Street, Derby, DE1 3DR or esther.elliott@derby.anglican.org



DIOCESE OF DERBY PROTECTION OF CHILDREN, YOUNG PEOPLE

Diocese of Derby

AND
VULNE
BLE
ADULTS

CONFIDENTIAL DECLARATION FORM

la.		Have you ever been convicted of any criminal offence ¹ (including any spent convictions and and the Rehabilitation of Offenders Act 1974)?						
	Yes		No		Please tick			
	If yes, please state t	he nature and d	ate(s) of the offen	ce(s), continuing	on a separate sheet if necessary.			
1b.	Have you ever be over to keep the		by the police,	given a reprim	and or warning or bound			
	Yes		No		Please tick			
	If yes, please give f	ull details, conti	nuing on a separa	te sheet if necess	ary.			
lc.	Are you at presen	nt under inves	stigation?					
	Please tick	Yes [No [
	If yes, please give full details, continuing on a separate sheet if necessary.							
1 d .	Have you ever been found by a court exercising civil jurisdiction (including matrimonial or family jurisdiction) to have caused significant harm ² to a child or young person under the age of 18 years? Or has any court made such an order against you on the basis of any finding or allegation that any child or young person was at risk of significant harm ² from you?							
	Yes		No		Please tick			

le. Have you ever been found by a court exercising civil jurisdiction to have caused significant harm² to a vulnerable adult? Or has any court made such an order against you on the basis of any finding or allegation that any vulnerable adult was at risk of significant harm² from you? Yes П Nο Please tick If yes, please give full details, continuing on a separate sheet if necessary. 2a. Has your conduct ever caused or been likely to cause significant harm² to a child, young person under the age of 18, or vulnerable adult or put any of the same at risk of significant harm²? Yes Nο Please tick 2b. To your knowledge has it ever been alleged that your conduct has resulted in any of those things? This question relates to any conduct, whether in a paid capacity, as a voluntary worker, or otherwise. Yes No Please tick If yes, please give full details, including the date(s) and nature of the conduct or alleged conduct, and whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work as a result. Please continue on a separate sheet if necessary. 3. Has an adult in your care or for whom you have or had power of attorney ever been removed from your care, or has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been made the subject of a Child Protection Plan or been the subject of a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under other legislation?

If yes, please give full details, continuing on a separate sheet if necessary.

If yes, please give full details, continuing on a separate sheet if necessary.

No

Yes

Please tick

4.	Have you any health problem(s) which might affect your work with children or young people under the age of 18, or vulnerable adults?							
	Yes		No		Please tic	:k		
	If yes, please give	full details, conti	nuing on a separate	e sheet if necessar	ry.			
5. below	Have you since ?	the age of 18	, ever been kno	wn by any nar	ne other than	the or	ıe given	
	Yes		No		Please tic	:k		
	If yes, please give	full details, conti	nuing on a separate	e sheet if necessar	ry.			
6.	Have you, durin	g the past five	years, had any	home address	other than tha	t giver	below?	
	Yes		No		Please tio	k		
	If yes, please give i	full details, conti	nuing on a separate	e sheet if necessar	ry.			
¹ All prodisclos	evious convictions, ved.	with the excepti	on of technical mo	toring offences le	eading only to a	a fine, s	should be	
-	ificant harm' involve or impairment of phy		-		ct, physical, em	otional	or sexual	
			DECLARATIO	ON				
	are that the above best of my knowle		(*and that on the	attached shee	ts) is accurate	and c	omplete	
Signe	d:				Date:			
Full N	ame:							
Addre	ss:				Date	of	Birth:	
* Pleas	se delete if not app	licable						