Focal Ministry: Nomination Form

To be completed by the PCC and returned to focalministry@sheffield.anglican.org

|  |  |
| --- | --- |
| **Name of Parish \*** |  |
| **Name of Oversight Minister** |  |

**Nominee’s Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Date of birth** |  |
| **Has been baptised?** | [ ]  Yes / [ ]  No |
| **Has been confirmed?** | [ ]  Yes / [ ]  No |
| **How long have they worshipped there?**If less than 3 years please list previous churches attended |  |
| **Any leadership roles they hold, or have held in the church** |  |

|  |  |
| --- | --- |
| **Area of Ministry**(role) | As individuals, FMs may take oversight of a specific aspect of mission or ministry, usually one of: |
| [ ]  | Mission and outreach of the church |
| [ ]  | New congregations |
| [ ]  | Worship leading (in a larger church this may be of a particular congregation) |
| [ ]  | Pastoral work of the church |
| [ ]  | Children and Youth Work |
| [ ]  | Other (please state): |

**PCC**

|  |  |
| --- | --- |
| **Date of PCC meeting nomination agreed** |  |
| **Note to be copied into meeting minutes** | This PCC agrees to nominate [NAME] as Focal Minister for this parish for a period of three years from the date of their authorisation. |
| **Signed**(on behalf of the PCC) |  | **Date** |  |

\*The parish name will be used on the Focal Ministers certificate.

If someone is to be nominated to more than one parish then each PCC should return a completed nomination form.