Focal Minister Renomination Form

To be completed by the PCC and returned to [focalministry@sheffield.anglican.org](mailto:focalministry@sheffield.anglican.org)

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

**Nominee’s Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Date of birth** |  |

**PCC**

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| --- | --- | --- | --- |
| **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. | | |
| **Please delete as appropriate** | Does this Focal Minister have two external references to show they have been safely recruited to a role in your parish?  Yes  No  (If no, they will need to be taken by the parish before they can be reauthorised.) | | |
|  | Does this Focal Minister have an in date DBS check and all required safeguarding training completed?  (If no, this must be in date before reauthorisation)  Please see diocese website for required training.  Please send a copy of their certificates and DBS end dates/if clean to Rachael | | |
| **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.