

**Focal Ministry: Nomination Form**

(To be completed by the PCC)

**Nominee’s Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Date of birth** |  |
| **Date of Baptism** |  |
| **Date of Confirmation** |  |
| **Name of the church they currently worship at** |  |
| **How long have they worshipped there?** |   |
| **Any leadership roles they hold, or have held, in the church** |  |
| **The name of the parish you are nominating them to be a Focal Minister at** |  |
| **Name supporter 1 (usually your Oversight Minister)** |  |
| **Name of supporter 2** |  |
| **We have been made aware of the privacy and data protection policies. Please write Yes.** | This policy can be found at <https://www.sheffield.anglican.org/privacy>  |
| **Signed (Candidate)** |  | **Date** |  |
| **Signed (on behalf of the PCC)** |  | **Date** |  |

Please return this form to focalministry@sheffield.anglican.org