Focal Ministry: Nomination Form

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