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 |
| 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 |  |