Focal Minister 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 |
| **How long have they worshipped there?** |  |
| **Any leadership roles they hold, or have held in the church** |  |

**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. | | |
| **Please delete as appropriate** | The PCC is satisfied that the nominated person above has been recruited in line with Church of England Safer Recruitment guidance and have two external references.  Yes  No | | |
| **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.