

Spiritual Accompanier Application Form

Please complete and return to:

✉ Julian: spirituality.adviser@sheffield.anglican.org or

✉ Revd Dr Julian Raffay, Wentworth Vicarage, Church Drive, Rotherham S62 7TW.

Where table cells are too small, please use additional sheets with your name on. Please include your Personal Statement.

Good Practice (GP) for Spiritual Accompaniers

1. Grounded in, or seeking a place in, a Christian community – this is the normal expectation
2. Has undergone training in spiritual accompaniment and/or had detailed experience as a spiritual accompanier
3. Able to demonstrate evidence of own continuing spiritual development
4. Is receiving regular Spiritual Accompaniment
5. Is receiving current supervision or seeking it
6. Is clear about what is being offered, including any relevant skills or particular approaches
7. Aware of issues associated with vulnerable adults, child protection etc.
8. Aware of, and sensitive towards other traditions, faiths, beliefs, racial/cultural differences
9. Has clarity regarding boundaries eg contact with those seen outside of spiritual accompaniment
10. Aware of how life events may affect ability to practice
11. Clear about, and communicate with each person seen, practical details eg. any financial charges made, venue etc
12. Accountable to the Bishop of Sheffield's Adviser in Spirituality.

1. Personal Information

| | | | |
|---|--------|---------------|--|
| Title | | First name | |
| Surname | | Date of birth | |
| Any previous names by which you have been known | | | |
| Address | | | |
| Post Code | | Email | |
| Daytime tel | Mobile | Evening tel | |

2. Education, Training & Qualifications Information

Please give details of any relevant training and qualifications which you feel equip you to become a Spiritual Accompanier. Please include dates.

Please provide details of any relevant spiritual accompaniment training undertaken, including dates (GP 2)

3. Employment & Voluntary Work Experience

Please provide a full history (with dates wherever possible) of any previous experience you may have of work that may be relevant to becoming a Spiritual Accompanier, whether paid or voluntary. (Please explain any gaps).

4. Church Involvement

Please provide a full history (with dates wherever possible) of your church involvement (current and previous) (GP1). Please explain any gaps.

| | |
|---|--------------------|
| 5. Why do you want to become a Spiritual Accompanier? | |
| Please tell us why you wish to become a Spiritual Accompanier and the skills and qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity (GP 6). | |
| Please give details of any additional skills offered eg Ignatian exercises, music, art, etc | |
| Please provide brief details of your spiritual journey (GP 3) | |
| How often do you receive spiritual accompaniment? (GP 4) | |
| How often do you receive supervision? (GP 5) If you're not receiving supervision yet, but you would like to access it, please contact Suzanna Schofield suzanna.schofield@sheffield.anglican.org or on 01709 309 147 | |
| 6. Health Information | |
| Please provide information about any disability or health issue that we should be aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake Spiritual Accompanying duties safely. | |
| 7. References | |
| At least two references will be sought using the information provided at sections 3 & 4 above. Please also provide details of personal referees here. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied', 'to whom it may concern' and verbal references will not be accepted. | |
| 1. Name | Address |
| | Email/phone |
| In what capacity do you know this person? | |
| 2. Name | Address |
| | Email/phone |
| In what capacity do you know this person? | |

| | |
|--|---------------------------------------|
| 8. Practical Details (GP 11) | |
| Venue eg home, office | |
| Is this accessible for people with disabilities? | Yes/No (please delete as appropriate) |
| Times available eg. anytime/daytime/evenings/days of week | |
| Number you would hope to accompany? | |
| Have you any preferences for whom you might see? eg clergy/no clergy etc | |
| Do you charge or ask for a donation? | Yes/No (please delete as appropriate) |
| How did you first hear about spiritual accompaniment? | |
| How did you find out how to contact us? | |
| 9. Safeguarding | |
| Date and organiser of last safeguarding training attended | |
| Please tick to consent to the following: | |
| <input type="checkbox"/> I have read and agree to act within the guidelines of the Safeguarding Policy of the Diocese of Sheffield (GP 7) | |
| <input type="checkbox"/> I agree to be accountable to the Bishop of Sheffield's Adviser on Spirituality (GP 12) | |
| <input type="checkbox"/> I agree to promptly inform spirituality.adviser@sheffield.anglican.org (07907 331 859) of any changes to my circumstances which may influence my spiritually accompanying others e.g. reduction in numbers etc | |
| Signed | Date |
| Thank you for applying to offer the ministry of spiritual accompaniment. | |
| 10. Declaration | |
| <p>I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my termination of my role as a Spiritual Accompanier. I understand that any offer of appointment to a Spiritual Accompanying role is subject to satisfactory pre-appointment checks as well as completion of a Confidential Declaration Form. I understand that if I am appointed to a Spiritual Accompanying role there will be a settling in period and that I will be expected to complete a Spiritual Accompanier induction programme and undertake relevant safeguarding training.</p> | |
| Signed | Print name |
| | Date |