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.

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| Good Practice (GP) for Spiritual Accompaniers  |
| 1. Grounded in, or seeking a place in, a Christian community – this is the normal expectation
 |
| 1. Has undergone training in spiritual accompaniment and/or had detailed experience as a spiritual accompanier
 |
| 1. Able to demonstrate evidence of own continuing spiritual development
 |
| 1. Is receiving regular Spiritual Accompaniment
 |
| 1. Is receiving current supervision or seeking it
 |
| 1. Is clear about what is being offered, including any relevant skills or particular approaches
 |
| 1. Is up to date with faith-based safeguarding training
 |
| 1. Aware of, and sensitive towards other traditions, faiths, beliefs, racial/cultural differences
 |
| 1. Has clarity regarding boundaries eg contact with those seen outside of spiritual accompaniment
 |
| 1. Aware of how life events may affect ability to practice
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| 1. Clear about, and communicate with each person seen, practical details eg. any financial charges made, venue etc
 |
| 1. Accountable to the Bishop of Sheffield's Adviser in Spirituality.
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| 1. Personal Information |
| Title First nameSurname |
| Any previous names by which you have been known |
| Address Postcode 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(ed) to become a Spiritual Accompanier. Please also tell us about any skills or experience you hope to gain through this opportunity (GP 6). |
| Please describe what you seek to offer as a Spiritual Accompanier (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 Upperdine suzanna.upperdine@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 and comfortably. |
| 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/phoneIn what capacity do you know this person?2. Name Address Email/phoneIn what capacity do you know this person? |
| 8. Practical Details (GP 11) |
| Venue (e.g. home, office)Is this accessible for people with disabilities? Yes/No (please delete as appropriate)Mode of delivery (please tick all that apply): ❒ in person only ❒ online only ❒ either ❒ in combinationTimes available (e.g. anytime/daytime/evenings/days of week)  What is the maximum number of people you would hope to accompany?If accepted, how many could you take at present, if this is different from above?Have you any preferences for whom you might see? (e.g. clergy/no clergy, gender, etc.) Do you charge or ask for a donation? Yes/No (please delete as appropriate)If you charge, please give details below |
| How did you find out how to contact us? |
| 9. Safeguarding |
| Please send copies of your certificates of [safeguarding training](https://safeguardingtraining.cofeportal.org/), including Domestic Abuse trainingPlease tick to consent to the following:* I have read and agree to act within the guidelines of the [Safeguarding Policy](https://www.sheffield.anglican.org/support/safeguarding/) of the Diocese of Sheffield (GP 7)
* I agree to be accountable to the Bishop of Sheffield’s Adviser on Spirituality (GP 12)
* 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 |
| 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.Signed Print full name Date |