In order to begin the commissioning process for ministry as an Anna Chaplain, you are asked to complete and sign the following declaration, either scanning a hard copy, or completing with electronic signatures.

|  |  |
| --- | --- |
| Parish / Benefice |  |
| Your Name |  |
| Address |  |
| Email |  |
| Contact telephone |  |
| Date and number of your most recent DBS certificate |  |
| Date BRF course is due to commence (if booked) |  |

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| **Education, Training & Qualifications Information**  Please give details of any relevant training and qualifications which you feel equip you to work with vulnerable adults. Please include dates. |
| **Employment & Voluntary Work Experience**  Please provide a full history (with dates wherever possible) of any previous experience you may have of looking after and/or working with vulnerable adults, whether paid or voluntary. |
| **Why do you want to become an Anna Chaplain?**  Please tell us why you wish to volunteer as an Anna Chaplain and the skills & 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. |

Please note that once you are commissioned it is your responsibility, and that of your incumbent and parish safeguarding officer, to ensure that your DBS check and Safeguarding training are renewed every three years. You will also need to keep the diocesan lay ministry team informed of any changes in your contact details, or if you decide to lay down this ministry.

**Data Protection statement:** Your personal data as provided on this form will be stored on database(s) by the Salisbury Diocesan Board of Finance (DBF) for the purpose of this course and for your future role administration. This data is strictly only available to authorised officers of the Salisbury Diocese and in accordance with best practice as detailed in the [DBF Data Protection Privacy Notice](https://d3hgrlq6yacptf.cloudfront.net/62d6c0328cf55/content/pages/documents/sdbf-privacy-notice.pdf). If you wish to have your

data deleted or have any queries concerning the storage and use of your data, please contact us on 01722 411922 or [parishsupport@salisbury.anglican.org](mailto:parishsupport@salisbury.anglican.org) .

**Declaration**

I confirm that I:

* wish to be commissioned as an Anna Chaplain and have the support of my incumbent
* will only carry out my ministry whilst I have a valid DBS check that is less than three years old
* will keep my safeguarding training up to date in line with the requirements of the National Safeguarding Team of the Church of England.
* will make the Diocese aware if any of my details change, by contacting the parish support team at [parishsupport@salisbury.anglican.org](mailto:parishsupport@salisbury.anglican.org),  so that the diocesan records can be updated accordingly

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**To be completed by the incumbent:**

|  |  |
| --- | --- |
| Your Name |  |
| Email |  |

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| **Parish Support**  Please give the date of the PCC approval of the appointment of the applicant as an Anna Chaplain. How is Anna Chaplaincy integrated within parish/benefice planning? |
| **How will the applicant be supervised and supported?** |

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| --- | --- |
| **Safer Recruitment** | I confirm that safer recruitment (interview and references) has been satisfactorily completed and that I will support and facilitate the Applicant's ministry as an Anna Chaplain:  Signature: Date: |