**Children’s Ministry Certificate Application Form 2022**

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| --- | --- | --- | --- |
| ***YOUR DETAILS*** | | | |
| Title (Mr/Mrs/Ms/Dr etc.) | | First name: | |
| Surname: |  |  |  |
| Postal Address: | | | |
|  | | | |
|  | | Postcode: | |
| Telephone/Mobile number (s): | | | |
| Email address: | | | |
| Parish: | | | |
| How did you hear about the ***Children’s Ministry Certificate (CMC)?*** | | | |
|  | | | |
|  | | | |
| Please indicate by ticking each box if you consent to your email, phone number and/or photo to be shared with the cohort of students and the core CMC team. Please tick as appropriate. | | | |
| Signed: | | Dated: | |

Please continue to the next pages to complete the required information.

**REQUIRED INFORMATION FOR**

**CHILDREN’S MINISTRY CERTIFICATE 2022**

|  |
| --- |
| PHOTOGRAPH  TO BE  ATTACHED  **Name (preferred):**  **Name (official):**  **Home Address:**    **Email:**  **Telephone:**  **Mobile:**  **Are you over 18? Yes/No**  **-------------------------------------------------------------------------------------------------------------------------------------------------------**  **Church: Benefice:**  **Vicar/Rector: Telephone:**  **Mobile:**  **-------------------------------------------------------------------------------------------------------------------------------------------------------**  **DBS Certificate No: Date of issue:**  **Name on Certificate ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please note that your DBS Certificate needs to be applicable to your work within the diocese. If this is not yet in place, please contact either your parish priest or your benefice/parish safeguarding officer.  **-------------------------------------------------------------------------------------------------------------------------------------------------------**  **PERSONAL INFORMATION**  **SPECIAL NEEDS**  If you have any medical conditions we should be aware of, or you know you may be in need of emergency treatment during a session or residential weekend, please let us know.    **If you have any disabilities,** please describe them and any help you may require  i.e. help with parking, use of a lift, dyslexia, hearing impairment  **Contact Person in case of Emergency**  Name  Telephone: Mobile: |

**Please continue to next page to sign the form.**

**GDPR**

Under the terms of General Data Protection Regulations 2018 (GDPR) we cannot hold and use your personal data without your explicit consent. Therefore, could we please ask you to complete below when returning this form – thank you.

**I hereby do\* / do not\* (\*delete as appropriate)** consent to The Diocese of Peterborough holding my details to be used for administrative purposes associated with the booking and management of this course.

Signed ………………………………………………. Dated ………………………………

The Data Protection Officer for the Diocesan Board of Finance is the Assistant Diocesan Secretary. If at any point you wish to withdraw consent, wholly or in part, please contact the Diocese via email at:

[dataprotection@peterborough-diocese.org.uk](mailto:dataprotection@peterborough-diocese.org.uk)

or post to: Diocese of Peterborough, Bouverie Court

6 The Lakes, Bedford Road, Northampton NN4 7YD

*Please return this form to*

Nuala Salter

Administrative Officer

Bouverie Court

6 The Lakes

Bedford Road

Northampton

NN4 7YD

T: 01604 887 049

E: [nuala.salter@peterborough-diocese.org.uk](mailto:nuala.salter@peterborough-diocese.org.uk)