**MISSION TEAM**

**APPLICATION FOR A PLACE ON THE**

**WORSHIP SERVICE LEADER TRAINING COURSE**

**PART A: DETAILS OF THE COURSE PARTICIPANT**

***This form is to be completed by the individual applicant. Completion of this form does not guarantee a place on the course; course spaces are subject to availability.***

Title:

Preferred Christian Name:

Surname:

Address Line 1:

Address Line 2:

Town:

Postcode:

Phone No:

Email:

Baptised: YES / NO

Confirmed: YES / NO

*(It is assumed that anybody wishing to exercise a worship-leading ministry will be an actual communicant in the Church of England.)*

Name of parish/benefice:

Length of time worshipping in this parish:

Please explain why you would like to do this course (previous experience, a sense of calling, etc.):

Signed: Date:

*(an electronic or typed signature is sufficient)*