**A blue text on a white background

AI-generated content may be incorrect.Deliverance Ministry**

**Referral form**

Part One of this form should be completed by a member of clergy, licensed lay minister, church officer, or diocesan staff member on receiving an enquiry from or encountering someone who might be in need of deliverance ministry. Deliverance Ministry Team members should also use this form when beginning a case, if no form exists.

This form should be completed with reference to the document titled *Deliverance Ministry: Guidance for Clergy and Ministers*, available on the diocesan website.

Once completed it should be emailed to [deliverance@chester.anglican.org](mailto:deliverance@chester.anglican.org), and one of the team will be in touch. Deliverance ministry is not an emergency ministry, and so it may take a few days for you to receive a response.

Please note that deliverance ministry must be undertaken only in consultation with the Deliverance Ministry Team.

**Part One: Initial Enquiry**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person requiring support** |  | **Date of contact** |  |
| **Name and role of person completing this form** |  | **Contact details for follow up (either of person requiring support or person making the referral)** |  |
| **Does this case involve a person under the age of 18, or a vulnerable adult?** |  | **Are there any immediate safeguarding or safety concerns?** |  |
| **Narrative: Please include any relevant details in the box below. Expand to next page if necessary.** | | | |
|  | | | |

**Part Two: First Visit**

This part of the form should be completed by a DMT member, or by an ordained minister or licensed lay minister only after consultation with a DMT member.

|  |  |
| --- | --- |
| **Persons attending** |  |
| **Date of visit** |  |
| **Place of visit** |  |
| **Narrative. Please include any relevant details in the boxes below. Expand the boxes if necessary.** | |
| [Include here brief description of what the person(s) says about their needs, including any other relevant information volunteered in the course of the visit] | |
| [Include here any other information or description volunteered by others] | |
| **Any actions taken?** |  |
| **Any follow up needed?** |  |
| **Any aspects of case which will involve referral to Diocesan Safeguarding Team?** |  |
| **Medical consultation required or recommended?** |  |

Completed forms should be emailed after completion of each stage to: [deliverance@chester.anglican.org](mailto:deliverance@chester.anglican.org)

**Part Three: Subsequent Visit**

This part of the form should be completed by a DMT member.

|  |  |
| --- | --- |
| **Persons attending** |  |
| **Date of visit** |  |
| **Place of visit** |  |
| **Narrative. Please include any relevant details in the boxes below. Expand the boxes if necessary.** | |
| [Include here brief description any ministry offered or rite performed] | |
| [Include here details of arrangements for ongoing pastoral care, or other care or referrals made] | |
| **Any aspects of case which will involve referral to Diocesan Safeguarding Team?** |  |

Completed forms should be emailed after completion of each stage to: [deliverance@chester.anglican.org](mailto:deliverance@chester.anglican.org)

These notes will be held in a confidential space. They can be accessed by the Deliverance Ministry Team Leader and the Director of Ministry. Details will always be shared with the Diocesan Safeguarding Team if there is a safeguarding concern.