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**Transfer of LLM Licence/PTO from**

**one Parish to Another**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **Role - Reader/Pastoral Worker** |  |
| **Previous Parish and Deanery** |  |
| **Previous Incumbent** |  |
| **New Parish and Deanery** |  |
| **New Incumbent** |  |
| **Date of Ministry Agreement** |  |
| **Date of first licensing** |  |
| **Expressed interest in transfer of licence/PTO (date)** |  |
| **Transfer effective from** |  |
| **Date of most recent DBS check**  |  |

|  |
| --- |
| **Dates of Safeguarding training completed***Note: completion of all four modules is a pre-requisite to Licence Renewal* |
| Basic | Foundation | Leadership | Raising Awareness of Domestic Abuse |

**Signatures:**

|  |  |
| --- | --- |
| Signature: | Date: |
| Incumbent:Date of PCC approval: | Date: |

**Once completed return this form and the Ministry Agreement to:** **karen.alsop@chester.anglican.org**