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**Application for Permission to Officiate (PTO)**

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| --- | --- |
| **Name** | **Role – Reader/Pastoral Worker** |
|  |  |
| **Name of Incumbent** | **Name of Parish and Deanery** |
|  |  |
| **Date of first licensing** | **Date of most recent DBS check** |
|  |  |
| **Date of Ministry Agreement** | **Desired Date of Change in status** |
| **Dates of Safeguarding training completed***Note: completion of all four modules is a pre-requisite for PTO* |
| 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**