Permission to Officiate - Ministerial Return

Name: Address:

Deanery: Parish:

Designated person responsible for oversight:

PTO expires on: \_\_\_\_\_\_\_\_\_

DBS clearance last carried out on: \_\_\_\_\_\_\_\_\_ DBS valid until: \_\_\_\_\_\_\_\_\_

Participation in safeguarding training: \_\_\_\_\_\_\_\_\_ Further safeguarding training due on: \_\_\_\_\_\_\_\_\_

Ministry Carried out for the period from: \_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_

If your ministry is primarily parochial, please list below the approximate number of occasions during the year when you have:

|  |  |  |
| --- | --- | --- |
|  | In my own parish | Other parishes |
| Presided at the Eucharist |  |  |
| Preached |  |  |
| Taken Funerals |  |  |
| Taken Baptisms |  |  |
| Taken Weddings |  |  |
| Provided teaching (Bible Study, confirmation preparation, discussion groups) |  |  |
| Carried out visits and provided pastoral support |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

|  |
| --- |
| In addition to my own parish, I have provided ministry in the following parishes with the permission of the Diocesan Bishop and relevant Incumbent / Priest in Charge / Area Dean: |

|  |
| --- |
| I have also provided support for the diocese in the following ways during the year: |

I held a discussion of my ministry with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

[no change was made to the agreed expectations of ministry]

or

[agreed expectations of the ministry I am to carry out were changed and a copy is attached.]

(signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Designated responsible person*