**Participant’s Registration Form**

**Lay Pastoral Assistant (LPA) / Lay Worship Leader (LWL) Course**

Please complete this form and email to parishsupport@salisbury.anglican.org copying in your incumbent and course leader (if different). Alternatively, print, complete and post to: Parish Support, Diocesan Office, Emmaus House, The Avenue, Wilton, Salisbury SP2 0FG.

|  |  |  |  |
| --- | --- | --- | --- |
| Course type | LPA / LWL *(Delete as appropriate)* | Course start date |  |
| Course Leader |  | **Course location** |  |
| Parish / Benefice |  |
| Title |  | **Name** |  |
| Address |  |
| Postcode |  | **Email** |  |
| Contact telephone |  | **DOB** |  |

**I, the above**

* wish to take part in the course and
* understand that there will be reading to do and other tasks during the course. I will liaise with my incumbent during training and discuss any issues with them.

**Data Protection statement:** Your personal data as provided on this form will be stored on database(s) by the Salisbury Diocesan Board of Finance (DBF) for the purpose of this course and for your future role administration. This data is strictly only available to authorised officers of the Salisbury Diocese and in accordance with best practice as detailed in the [DBF Data Protection Privacy Notice](https://d3hgrlq6yacptf.cloudfront.net/62d6c0328cf55/content/pages/documents/sdbf-privacy-notice.pdf). If you wish to have your data deleted or have any queries concerning the storage and use of your data, please contact us on 01722 411922 or parishsupport@salisbury.anglican.org .

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Signature |  |

**Statement by the Incumbent**

I support the participant to attend the training course and following completion, will explore with the participant whether it is right for them to be commissioned. **I am aware of the Diocesan requirements in relation to the** [**Safer Recruitment**](https://www.salisbury.anglican.org/parish-support/safeguarding86696/safeguarding-training/) **of volunteers and confirm that the person named on this form will be safely recruited if going forward for commissioning.**

|  |  |
| --- | --- |
| Name |  |
| Date |  | **Signature** |  |