**Declaration prior to Commissioning/Recommissioning**

Having completed the Pastoral Skills or Leading Worship course, before you can be commissioned or recommissioned to a form of lay ministry such as LPA or LWL, you are asked to complete and sign the following declaration, either scanning a hard copy, or completing with an electronic signature.

|  |  |
| --- | --- |
| Parish / Benefice |  |
| Your Name |  |
| Email |  |
| Contact telephone |  |
| Ministry to be commissioned/recommissioned |  |
| Date and number of your most recent DBS certificate |  |
| Date of your most recent Role Description |  |

Please note that once you are commissioned it is your responsibility, and that of your incumbent and parish safeguarding officer, to ensure that your DBS check and Safeguarding training are renewed every three years. You will also need to keep the diocesan lay ministry team informed of any changes in your contact details, or if you decide to lay down this ministry.

Declaration of course participant

I confirm that I:

* wish to be commissioned for the relevant lay ministry and have the support of my incumbent
* will only carry out my ministry whilst I have a valid DBS check that is less than three years old
* will keep my safeguarding training up to date in line with the requirements of the National Safeguarding Team of the Church of England.
* will make the Diocese aware if any of my details change, by contacting the parish support team at parishsupport@salisbury.anglican.org,  so that the diocesan records can be updated accordingly

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of course participant |  | Date |  |

Declaration of incumbent

I confirm that I:

* Welcome the commissioning of the participant above.
* Have seen the DBS check referred to above and it is at the appropriate level with no content to report.
* Will ensure that the person to be commissioned renews their DBS check and safeguarding training at three yearly intervals.
* Will support them in their ministry through regular supervision and review of their work agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of incumbent |  | Date |  |