

Diocese of the United Kingdom

Catholic Faith † Orthodox Worship † Apostolic Order

Diocesan Office, St Nicholas House, 42-48 High Street, Lydd, Kent TN29 9AN

Tel & Fax: 01797 321704 Email: diocesanoffice@anglican catholic.org.uk



Confidential

Application Form For Candidates for Ministry

Please Read this form carefully and answer ALL questions.

It is important that the applicant completes this application form as fully as possible. A Curriculum Vitae is not an acceptable substitute. This form, although Confidential will be seen by the Bishop, Area Deans and by the Members of the Diocesan Board of Ministry, and will be kept on file at the Diocesan Office. The Final Page - Page 18 - will be seen by the Bishop and Area Dean only and if it is felt necessary either the Diocesan Legal or Medical Adviser.

SECTION 1 PERSONAL PROFILE

PLEASE COMPLETE IN YOUR OWN HAND WRITING IN BLOCK CAPITALS [BLACK INK]

1] PERSONAL DETAILS

Surname _____

Christian Names _____

Have you ever been known by any other Name? *[please give details]*

Address _____

Post Code _____

Telephone Home _____

Work _____

Mobile _____

E-mail address _____

[* Please enclose copy of relevant Certificates]

Previous addresses *[if less than 5 years at the above]*

DATE OF BIRTH and place* _____

BAPTISM – Place and date* _____

CONFIRMATION - Place and date and Bishop* _____

RECEPTION INTO ACC* - Place and date and by whom _____

If any of the following apply they should also be completed as appropriate:

Licensed as LAY READER* in the Diocese / Church of _____

by _____ Date _____ Where _____

Ordained DEACON* in the Diocese / Church of _____

by _____ Date _____ Where _____

Ordained PRIEST* in the Diocese / Church of _____

by _____ Date _____ Where _____

2] MARITAL STATUS

Please tick as many as apply

- Single
- Married*
- Widowed
- Separated
- Divorced*
- Remarried*
- Married to a woman who has been divorced*
- Gender Reassignment
- Other details _____

3] YOUR FAMILY

A] Wife [if applicable]

Christian Names _____

Profession / Occupation _____

Any information which you feel we should be aware of? _____

Is your wife a member of ACC and if not is she willing to join? _____

If not a member and unwilling to join, why ? _____

B] Children [if applicable]

Date of Birth

Christian Names

4] YOUR HEALTH

Please mention any disability or health problem of you or a member of your immediate family, which affect, or may in future affect, your field of work. You should also list any serious illness or operations you have had. **If you wish this information to remain completely confidential please omit them from this section and complete the appropriate section on page 17 - cross referencing below.** A Medical Examination forms part of the application process and you should be prepared to approach you doctor for such a medical.

5] Disclosure of any Criminal Convictions or Court Proceedings.

It is important that the Bishop, to whom you send this form, should be made aware of any criminal convictions, or matters relating to any criminal proceedings or police investigations in which you are, or have been involved in. In addition, they should also be made aware of any civil proceedings, county court judgments or bankruptcy orders pending or spent.

Please sign here to indicate you understand that if there is anything under this clause you have to declare you will do so. Various Checks will be undertaken upon all applicants before any appointments are made. Please sign below to indicate you are willing for such checks to be carried out.

Signed _____ Date _____

You are required to complete a Disclosure Application Form for the Criminal Records Bureau as part of your application. The procedure for this is outlined at the bottom of the last page of this form.

SECTION 2 EDUCATION

[Please enclose copies of all certificates]

Please give information about your Secondary and Higher Education, including the names of School. Colleges, and an indication of examinations passed and, where Higher Education is involved, details of subjects, degrees, and qualifications attained. Please include any courses taken in connection with Church appointment e.g. For Licensed Readership.

1] Secondary School(s)

From To School (including address)

2] Further Education

(Including Theological College or Course) Please give qualification obtained with class of degree or type of certificate.

From	To	College	Course.
------	----	---------	---------

3] Other professional qualifications (e.g. Teaching, Social Work.)

4] Other:

Please indicate any other non-religious or non-Church connected courses or qualifications gained (e.g.: First Aid Certificate)

SECTION 3 EMPLOYMENT DETAILS

1] Present (or last) Employment (Or Employment /Career before ordination)

From	Until	Job Title	Employer
------	-------	-----------	----------

Please give information and description of the work and about your present situation, whether employed, unemployed retired part-time etc. It will be important to know whether your present employment requires you to work on some Sundays

2] Previous Employment

Please give sketch of previous employment together with length of time spent in each. Please give an indication of responsibilities.

[Please list additional entries on a separate piece of paper]

From	Until	Job Title	Employer
------	-------	-----------	----------

SECTION 4 GENERAL ADDITIONAL INFORMATION

1] Responsibilities in the community or within other organisations

Please list tasks undertaken e.g. School Governor, Political or Community Service, Social Organisations, Clubs etc.

2] Other areas of interest

Please indicate special areas of concern e.g. particular issues in the contemporary life, international matters, academic or artistic interests

3] Hobbies or Recreations

4] Groups/Organisations/churches

Do you now, or have you ever, belonged to or associated with any Theosophical, Gnostic, 'New Age', Episcopi Vagante, Masonic, Secret, or pseudo-religious - societies, organisations, groups or churches. Yes / No *[If Yes, please give details:]*

Have you ever held any office or position of responsibility within any such group? Yes/No

[If Yes, please give details:]

5] Car & Driving Licence

Do you possess a current full Driving Licence Yes/ No

Do you own a Car Yes/ No

Have you any points on your licence? Yes/ No

[If yes please list]

SECTION 5 CHURCH BACKGROUND

1] Ministry

Posts held since ordination and/or licensing (full and part-time in chronological order not including present appointment). Please list these carefully with dates in chronological order, with separate entries for the posts held concurrently (e.g. Rural Dean, Chaplaincies, etc.) Please indicate major parish features (e.g. type of area, team ministry, ecumenical).

[Please list additional entries on a separate piece of paper]

From	To	Post and Description
------	----	----------------------

2] Responsibilities in the wider church

Please indicate, with dates, tasks undertaken for the wider Church (e.g. Synodical responsibilities at any level, Diocesan Committees and working Parties served on, ecumenical involvement, or work for voluntary organisations). *[Please list additional entries on a separate piece of paper]*

From	To	Description
------	----	-------------

3] Please list any Church related Courses attended / Qualifications gained *(not dealt with under SECTION 2 EDUCATION)*

4] Publications *[use separate sheet if necessary]*

Please include dates:

5] Churchmanship Tradition

What theological tradition has shaped your ministry? What key features do you think define that tradition?

With which do you feel most at ease today?

6] Please provide details of your Church background

Both within the ACC and in the Church(es) to which you may have belonged previously.

Please record any involvement as chorister, server, Sunday school teacher, member or officer of PCC, synod etc. With an outline of your duties. (Unless you have provided this information under a previous heading)

SECTION 6. THE ANGLICAN CATHOLIC CHURCH

1] Statement on The Anglican Catholic Church

You are asked to set out here your reasons for becoming a member of the Anglican Catholic Church and your present understanding of the nature and character of the Anglican Catholic Church

2] Your Understanding of Membership & Ministry in the AC

You are asked to set out here your present understanding of the responsibilities and commitments required of you as both a member of and to serve in this Church as Lay Reader, Deacon or Priest.

3) Statement on Application to Serve the Anglican Catholic Church

You are asked to set out here why you feel called to serve this Church and what gifts you feel God has given that you may offer.

4) Vocation History

Have you explored your vocation with any other Church ? If yes, please give details including dates.

5) Non Stipendiary Ministry

Given that at the present time the clergy in the Diocese of the United Kingdom are non-stipendiary How do you think this impacts upon the ministry and the work and growth of the Church and upon your own life. **Please also** indicate how you will support yourself (and your family if applicable) during your training and then on in your ministry.

[3] Name
Occupation Relationship
Address
Telephone

[if Applicable]

For existing Clerical Applicants a confidential reference will also be requested from your present/former Bishop

[4] Name
Bishop of
Address
Telephone

Are your papers available from the Clergy Appointments Adviser (or equivalent)? Yes/No

DECLARATION

I confirm that to the best of my knowledge the information I have given in this form is correct. Further more I confirm that I am and have been from conception naturally male. (In accordance with Diocesan Canon 12.2b4a)

Signed: _____ Date: _____

Print name _____

Official use only Date Received

Baptism Cert Confirmation Cert Reception Cert Lay Readers Licence
Letter of Orders
Deacon Priest
Letter Dismissory Bishop: Diocese:
Licence(s)

Birth Cert Marriage Cert Education Certs CRB Check
Other:

Anglican Catholic Church

Diocese of the United Kingdom

ADDITIONAL INFORMATION - STRICTLY CONFIDENTIAL

Position applied for: _____

Family name [block capitals]: _____ Title: _____

other names in full [block capitals]: _____

Preferred name: _____ Date of Birth: _____

Medical History:

Please state, with dates, any serious illnesses or operations you have had:

Do you suffer from recurring ailments, and if so, please Specify? Yes/No

Have you been absent from your employment through illness for more than 5 days in the last 12 months? Yes /No If Yes please give details.

CRIMINAL RECORDS BUREAU

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986. Applicants are therefore, not entitled to withhold information about convictions, which for other purposes are 'spent' under the provisions of The Act and in the event of a successful application, any failure to disclose such convictions could result in removal from office.

Furthermore in accordance with the Diocesan Child Protection Policy we are required to seek a Criminal Records Bureau check.

Please answer the following questions:

Have you ever been convicted of an offence other than a Road Traffic Violation? Yes / No

If Yes, please give details _____

I understand that it is my responsibility to obtain an **Enhanced Criminal Records Bureau check** following the instructions outlined below when told to do so by the relevant authority.

Signed: _____ Date: _____

Guidelines for Obtaining Criminal Records Check.

Please visit the following website: www.crbchecks.co.uk for information.

On the CRBCHECKS website please quote 'employers' unique reference number 1786.

NB: A CRB Check should only be applied for once acceptance of your application has been confirmed by the Bishop.