**Request for Authorisation**

**Lay Ministers of Holy Communion**

Please complete this form, along with a Data Protection form once the training session has been completed.

**Candidate name:**

**Incumbent name:**

**Parish:**

**Date of PCC nomination:**

**Date of course:**

**Which training session was completed** *(delete as appropriate):* **Training in the Deanery / Training by Incumbent**

**Date of any additional safeguarding training:**

**Parish wording for certificate:**

\***NAME**\* has been authorised as a

Lay Minister of Holy Communion,

                  to serve in the parish of

Signature of Priest:

Signature of Church Warden:

Please return to Samantha Alsop: [Samantha.alsop@chichester.anglican.org](mailto:Samantha.alsop@chichester.anglican.org) Church House, 211 New Church Road, Hove, BN3 4ED.