**Church/Parish of ...................................**

**Application for Mental Health and Wellbeing Contact**

|  |  |
| --- | --- |
| **First Name:** | **Name you are known as:**  |
| **Surname:** |  |
| **Date of birth:** |  |
|  |  |
|  | **Please provide two references.** |
| **Home address:** |
|  | **Reference 1: Incumbent** |
|  | **Name:** |
| **Postcode:** | **Address:** |
| **Telephone number** |  |
| **Day:** |  |
| **Evening:** | **Postcode:** |
|  | **Telephone:** |
| **How long have you lived at the above address?** |
|  | **Reference 2: External from church** |
| **If less than 12 months, please supply your previous address:** | **Name:** |
|  | **Address:** |
| **Postcode:** | **Postcode:** |
| **How long did you live there?** |
|  | **Telephone:** |
| **Church attended:** | **Signed:****Print name:****Date:** |
| **Name of Incumbent:** |

**Describe any experience you hold that can demonstrate you could meet the needs of the role.**

**Explain brief why you feel called to this role?**

Incumbent

Name

Church/parish

Address

Email

I confirm that I support the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the role of Mental Health and Wellbeing Contact for our parish/church.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Return this form to; Elle Weaver,** **elle.weaver@chichester.anglican.org**