##

# Sabbatical Application Form

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| **Dates of proposed sabbatical (usually 90 days):** |  |

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| Name of applicant |  | Deanery and Parish Number |  |
| Email |  |
| Telephone number |  |
| Nature of sabbatical proposed |  |
| Any further supporting notes |  |

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| --- | --- |
| **Please indicate your response to the following questions:**I have read and understand the sabbatical information sheet Yes ….. No …..I have sought the goodwill of wardens and PCC Yes ….. No …..I intend to apply for funding to bodies other than the diocese Yes ….. No ….. |  |
| Signed: Date: |
|  |
| Countersigned by the Bishop of Birkenhead/Stockport |  | Date |  |  |
| Please return the completed form to: Ministry Team, Church House, 5500 Daresbury Park, Daresbury, Warrington WA4 4GE or ministry@chester.anglican.orgPlease note this form only applies to the year detailed in the dates above. If the year in which the sabbatical is to be taken is changed a new application should be made. |
| For Ministry Team use: |  | Date received |  |  |
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