## 

# 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: CfM, Church House, 5500 Daresbury Park, Daresbury, Warrington WA4 4GE or [ministry@chester.anglican.org](mailto:ministry@chester.anglican.org)  Please 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 CfM office use: |  | | Date received | |  |  | |
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