We ask that as the Diocese of Portsmouth hold the Licence for Anna Chaplains in our diocese that you do not contact the national Anna Chaplaincy team regarding applications, selection, or training.   
By all means contact them regarding purchasing of resources.

**Before** completing this Application Form   
please read ‘Becoming an Anna Chaplain’

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| **ANNA CHAPLAINCY APPLICATION FORM for February/March 2024 training** | | | | | |
| **1. Personal Information** | | | | | |
| Title: | Forename(s): | | | Surname: | |
| Known as: | | | | | |
| Any previous names by which you have been known: | | | | | |
| Date of Birth: | | | | | |
| Home Address:  Postcode: | | | | | |
| Daytime Tel No: | | Mobile Tel No: | | | Evening Tel No: |
| Email Address: | | | | | |
| Current church and name of incumbent: | | | | | |
| **2. Education, Training & Qualifications Information**  Please give details of any relevant training and qualifications which you feel equip you to  work with older people. Please include dates. | | | | | |
|  | | | | | |
| **3. Employment & Voluntary Work Experience**  Please provide a full history (with dates wherever possible) of any previous experience you may have of looking after and/or working with older people, whether paid or voluntary. | | | | | |
|  | | | | | |
| **4. Church Involvement**  Please provide a full history (with dates wherever possible) of your church involvement (current and previous). | | | | | |
|  | | | | | |
| **5. Why do you want to volunteer?**  Please tell us why you wish to volunteer as an Anna Chaplain and the skills & qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity: | | | | | |
|  | | | | | |
| **6. Health Information**  Please provide information about any disability or health issue that we should be aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake volunteering duties safely. | | | | | |
|  | | | | | |
| **7. References**  Please provide details of referees here (one must be your incumbent or PCC leadership representative if in vacancy) and one personal who knows you in the capacity of your ministry). Referees must be over 18 and not be family members or relatives. Please note that 'Self- supplied’, ‘to whom it may concern’ and verbal references will not be accepted. | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |

Please send your application to [annachaplaincy@portsmouth.anglican.org](mailto:annachaplaincy@portsmouth.anglican.org).

### Selection process

For applicants holding Bishop’s licence, the selection process will include a virtual discussion. For all other applicants, there will be an in-person meeting.

### Training dates

The next training dates are Saturday 24th and Sunday 25th February 2024 on the Isle of Wight, and Saturdayt 2nd and Sunday 3rd March 2024 in Gosport.

### Parishes in vacancy

If your parish or benefice is in vacancy you can still apply to become an Anna Chaplain. Please discuss this with your churchwardens who can put your intention forward to the PCC. One of the churchwardens would need to be your referee. This can only be for a voluntary position and not as a paid employee.