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Extended Ministerial Development Leave

Application

Proposed start date:

Click here to enter a date.

Proposed end date:

Click here to enter a date.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | | | | | | | |
| **Address:** | Click here to enter text. | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Email:** | Click here to enter text. | | | | | | | | |
| **Tel:** | Click here to enter text. | | | | **Alt. Tel:** | | | Click here to enter text. | |
| **Date of Ordination as Deacon:** | | |  | | | | | Click here to enter text. | |
| **Date of staring current appointment in this Diocese:** | | | | | |  | | Click here to enter text. | |
|  | | | | | | | | | |
| **Please give an outline of your proposed EMDL:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Name of person who will act as mentor:** | | | | | | | Click here to enter text. | | |
| **Have you discussed your plans with your Wardens/PCC?** | | | | | | | Click here to enter text. | | |
| **Does your Archdeacon support this application:** | | | | | | | Click here to enter text. | | |
|  | | | | | | | | | |
| **Estimated Costs** | | | | | | | | | |
| Travel: | | | | | | | £ Click here to enter text. | | |
| Other Expenditure (please specify): | | | | | | | £ Click here to enter text. | | |
|  | | | | | | | £ Click here to enter text. | | |
|  | | | | | | | £ Click here to enter text. | | |
| **Total:** | | | | | | | **£ Click here to enter text.** | | |
|  | | | | | | | | | |
| **Please give details of any financial assistance you have sought beyond the Diocese:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Any agreed EMDL grant will be paid direct to your bank account via BACS.** | | | | | | | | | |
| **Payable to:** | | | **Sort Code:** | | | | | | **Account No:** |
| Click here to enter text. | | | Click here to enter text. | | | | | | Click here to enter text. |
|  | | | | | | | | | |
| **Signed:** | | Click here to enter text. | | **Dated:** | | | Click here to enter text. | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |
| Finance Cost Code: | | | 64340UA 04MTRA | | | | | | |
| Training Grant: | | | £ | | | | | | |
| Signed Training Team Leader: | | |  | | | | | | |
| Date: | | |  | | | | | | |
|  | | |  | | | | | | |