



**SUPPLEMENTARY FORM**

**SURNAME**

**CHRISTIAN NAME(S)**

**DATE OF BIRTH:**

**NAME(S) OF PARENT/GUARDIAN**

**ADDRESS**

**POSTCODE**

**TELEPHONE**

**MOBILE**

**EMAIL**

**PLACE OF WORSHIP AND WHO ATTENDS**

**ADDRESS**

**POSTCODE**

**NAME OF VICAR/PRIEST/MINISTER/FAITH LEADER/CHURCH OFFICER**

**ADDRESS**

**POSTCODE**

**TELEPHONE**

**WORSHIP ATTENDANCE**

Please tick if you have attended a minimum of two services per month for at least six months prior to the closing date for applications as in criteria

**SIGNED AS CONFIRMATION (by incumbent or other church officer)**

**PRINT NAME**

**POSITION**