



ANGLICAN DIOCESE OF GIPPSLAND

APPLICATION FOR ADMISSION TO THE OFFICE OF LAY READER

NAME IN FULL: _____
DATE OF BIRTH: _____ BAPTISM _____ CONFIRMATION _____
PARISH _____
RESIDENTIAL ADDRESS _____
POSTAL ADDRESS _____
PHONE NUMBER _____ Email _____

DECLARATION

I, (name in full) _____ being desirous of undertaking the duties of a Lay Reader, respectfully apply to be licensed accordingly to work in the Diocese of Gippsland, and I declare that I am in communion with the Anglican Church of Australia. I accept *the Book of Common Prayer, An Australian Prayer Book* and *A Prayer Book for Australia* to be agreeable to the Word of God; and I promise to conform to the services therein except as otherwise provided by lawful authority. I give general assent to the Thirty-Nine Articles; and I pledge myself to conform to all instructions laid down for my guidance by the Bishop of the Diocese in all things lawful and honest, and to perform faithfully, by God's help, the duties allotted to me.

Signature of Applicant _____ Date _____

CERTIFICATION

I certify that:

I certify that:

- ☐ I have/will complete a safe ministry clearance with Kooyoora (including: a National Police Check, Safe Ministry Screening check (including Code of Conduct sign off) and a (Victorian) Working with Children's Check.
- ☐ I have attended a Safe Church Workshop within the Diocese within the last three years. (Date and Place)
- ☐ I am a regular communicant of this parish.
- ☐ I will attend at least one Lay Reader Training Day every year.

Signature of Applicant _____ Date _____

CERTIFICATE OF INCUMBENT OR PRIEST IN CHARGE

I, _____ Incumbent of the Parish of
_____ do recommend that _____ whose signature is

above, be admitted to the office of Lay Reader, and am willing and desirous of employing them in that office. I certify that I have made due enquiry and believe them to be a Communicant, of pious, sober, and honest life, sound in the faith as held and taught by the Anglican Church of Australia and of competent knowledge of the Holy Scriptures; and can testify to their ability to read with distinct voice and in an edifying manner the services of the Church and to explain the Holy Scriptures, and to fulfil all other duties which, as Lay Reader, they will be called upon to perform.

Signature _____ Date _____

Approved by Parish Council at a meeting held on: _____ (date)

INFORMATION ON APPLICANT

This information is confidential, and accessible only by the Bishop, the Compliance Officer, the Registrar, the Rector making their certification, plus the Lay Reader's Chaplains.

Name of Applicant _____

Parish of _____

Rector's Comments _____

Approved by Professional Standards? _____

Lay Readers' Chaplain - Comments

Application Recommended Yes / No

Date ____ / ____ / ____

Bishop's Comments

Bishop's Signature _____

Application Approved? Yes / No

Date ____ / ____ / ____

This form when completed should be forwarded MARKED 'CONFIDENTIAL', to ANGLICAN DIOCESE OF GIPPSLAND, PO BOX 928, SALE VIC 3850