

EVANGELISM ENABLER TRAINING

I would like to apply to become an Evangelism Enabler. I have read the leaflet ***Certificate of Evangelism and Evangelism Enablers*** and have consulted my parish priest and local Evangelism Adviser.

(Please complete in type or print)

NAME

.....

ADDRESS

.....

.....

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.....

.....

Postcode

Tel. Home

Day/Mobile (if applicable).....

E-mail address:

Signed..

To be completed by the Incumbent, Priest-in-Charge or Chaplain.

I have read the leaflet on the ministry of Evangelist and approve of, and am prepared to sponsor, this application.

Signed

Parish/Chaplaincy of.....

To be completed by the Area Evangelism Adviser

I have spoken to this candidate and approve of her/his application for selection.

Signed

Please return to:

Liz Watson, Diocesan Office, 53 New Street, Chelmsford, CM1 1AT