

**APPLICATION**

**Name** (in block capitals)**:**

**Address:**

**Telephone no.:**   **Date of Ordination:**

**Congregation(s):** **Presbytery:**

In-Service Training Number of days

Sabbatical Leave Number of weeks

1. Please provide details of the course/activity which you propose to follow/attend.

**2. What are your proposed dates of absence?**

3. Please provide a budget detailing the estimated costs for which you intend to claim.

4. What do you believe the benefits of this will be to yourself and your Congregation/Council/Agency?

**5. Can you confirm that you have informed the Kirk Session of the congregation in which you minister of your intention to apply for sabbatical and the details of the application?**

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6. Please nominate, if appropriate and having sought his/her consent, a fellow Presbyter to take pastoral responsibility for your congregation(s) during your absence.

Name:

Address:

**Signed** **by Minister making application** \_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_

***In the case of sabbatical especially, all applications should be forwarded by the minister to the Presbytery MDP representative for the approval of Presbytery.***

***Following Presbytery approval, the Agent should sign the form and forward it to David Allen at*** [***d.allen@union.ac.uk***](mailto:d.allen@union.ac.uk)***.***

***Applications without Presbytery approval cannot be considered.***

**Signed by Presbytery Agent** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_

Additional information may be provided on a separate sheet.