Accreditation Assessment:

Local Lay-Pastor Assessment Meeting

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Circuit:

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Date of Meeting:

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Local Lay-Pastor:

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Line-Manager:

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Date started as Local Lay-Pastor:

**Local Lay-Pastor is meeting all of the core competencies.**

*A Local Lay-Pastor needs to be meeting all of the core competencies to be accredited as a Local Lay-Pastor and licence continue to be confirmed.*

**Yes**  **No**

**Local Lay-Pastor has completed the six core Local Lay-Pastor modules at Cliff College.**

*A Local Lay-Pastor needs to have completed all six core modules at Cliff College to be accredited as a Local Lay-Pastor and licence continue to be confirmed.*

**Yes**  **No**

**Strengths identified during core training**

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Comments

**Focus areas for further development and learning during the next year**

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Objectives

**Actions to meet the objective, including support to be given by Circuit**

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**Signed by Local Lay-Pastor**

Name:

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Signature:

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Email:

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Date:

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**Signed by Line-Manager**

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Signature:

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Date:

**Signed by Superintendent Minister**

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Name:

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Signature:

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Date: