Registration: Local Lay-Pastor Registration

and Initial Development Plan

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| Click here to enter text. |

Circuit:

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| Click here to enter text. |

Date of Meeting:

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| Click here to enter text. |

Local Lay-Pastor:

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| Click here to enter text. |

Line-Manager:

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| Click here to enter text. |

Date started as Local Lay-Pastor:

**Early Competencies**

Tick to indicate to what extent the competencies in each strand have been evidenced at interview.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| All being met |  |  |  |  |  |  |  |  |  |
| Partly being met |  |  |  |  |  |  |  |  |  |
| Not yet evidenced |  |  |  |  |  |  |  |  |  |

**Focus areas for developm­­­ent to meet early competencies**

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| --- | --- |
| Click here to enter text. | Click here to enter text. |

Core Competencies Actions to meet competencies, including support to be given by Circuit

**Signed by Local Lay-Pastor**

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| Click here to enter text. |

Name:

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| Click here to enter text. |

Signature:

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| Click here to enter text. |

Email:

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Date:

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**Signed by Line-Manager**

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Name:

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| Click here to enter text. |

Signature:

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Email:

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| Click here to enter text. |

Date:

**Signed by Superintendent Minister**

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| Click here to enter text. |

Name:

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| Click here to enter text. |

Signature:

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| Click here to enter text. |

Email:

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| Click here to enter text. |

Date: