**APPENDIX D Sabbatical Application Form**

**All applications will be considered at the meeting after the deadline by which the application was received.**

1. **Personal Details**

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| Full Name:Address:Tel: e-mail:  |

1. **Office Details**

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| --- |
| Role Title:Benefice & Deanery: Date of Licencing:Name, email, and contact number of Area Dean:  |

1. **Process of Approval**

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| --- |
| Is your application supported by your bishop? Yes / No**Has your Area Dean** agreed **the timing of** the proposed **sabbatical? Yes/No** If an associate minister, or LLM, have you the approval of your incumbent? Yes/No If a Team Vicar, have you the approval of your Team Rector? Yes/No Have you completed 10 years of service in this or any other Diocese? Yes/No Have you had a sabbatical in any Diocese in the past 10 years? Yes/No Are you responsible for a curate or LLM in their first year of training? Yes/No Are you responsible for a curate in their year of training? Yes/No Does the relevant IME2 officer support the timing of the proposed sabbatical? Yes/No Are you due to retire within a year of the proposed sabbatical? Yes/No Please confirm that you are not applying for sabbatical to seek a new post: Yes Have you sent your Archdeacon and Area Bishop a copy of your application form? Yes/No |

**Details of the proposed sabbatical**

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| --- |
| When would you like to take a sabbatical? From *DD/MM/YYYY* To *DD/MM/YYYY*Please put into one sentence the overall aim of your proposed sabbatical:  |

|  |
| --- |
| **Renewal***Please outline below what your proposed learning project, describing how it will fulfil the overall aim of your sabbatical. Give proposed dates and a breakdown of costs for this project*.Learning Project:Dates of Project: *DD/MM/YYYY* to *DD/MM/YYYY*Cost of Project:*Item 1* £……………Total £…………… |

|  |
| --- |
| **Retreat***Please outline your plans for the retreat element of your proposed sabbatical, giving dates and costs*.Retreat Plans:Dates of Retreat: *DD/MM/YYYY* to *DD/MM/YYYY*Cost of Project:*Item 1* £……………Total £…………… |

|  |
| --- |
| **Rest***Please outline your plans for the rest element of your sabbatical, giving dates. Please note that there is no need to give costs as the diocese does not award grants for this element of sabbaticals*.Rest Plans:Dates of Rest: *DD/MM/YYYY* to *DD/MM/YYYY* |

**ANTICIPATED TOTAL COST OF SABBATICAL £…………..**

**APPLICATION FOR A DIOCESAN SABBATICAL GRANT**

*Please note that grants will only be awarded to those who are eligible. Eligibility is outlined in the guidelines given above.*

Do you wish to be considered for a diocesan sabbatical grant? Yes / No

What level of grant are you requesting? (maximum of £500) £……………..

What other funding have you been able to source to support your sabbatical?

*Please underline whether these funds have already been awarded or already been applied for – please do not complete these sections unless you have already applied for funding*.

Grant making bodies and trusts:

*Name of grant making body or trust 1* Amount £…………. Awarded / Applied for

Your parish: Amount £………….. Awarded / Applied for

Mission agencies:

*Name of mission agency 1* Amount £………….. Awarded/Applied for

Other sources of funding

*Name of other source of funding 1* Amount £…………… Awarded / Applied for

**TOTAL of other sources of funding** £…………… Awarded

£…………… Applied for

**ARRANGEMENTS FOR COVER**

Please detail the arrangements you have made for cover during your proposed sabbatical below. Please include details of who will oversee – and, if necessary, organise – cover for the different elements of your ministry (e.g., leading worship, preaching, pastoral care, church governance, and any other elements of your ministry which require cover) while you are away.

Have your Churchwardens seen and agreed these arrangements? Yes / No

Has/have your PCC(s) and/or DCC(s) seen and agreed these arrangements? Yes / No

*If applicable*, has your Team Rector seen and agreed these arrangements? Yes / No

*If applicable*, has your Incumbent seen and agreed these arrangements? Yes / No

*If applicable*, has your Area Dean seen and agreed these arrangements? Yes / No

*If applicable*, has your Archdeacon seen and agreed these arrangements? Yes / No

Once you have completed this application form, please sign and date below:

Signature……………………………………….

Date………………………………………………

**Please return the completed form to:**

CMD Administrator, Church House Oxford, Langford Locks, Kidlington, Oxford, OX5 1GF

or email to: sabbatical@oxford.anglican.org

## Appendix E

## Sabbatical Feedback

**Name**  …….......................... ……………………………………………….

Could you please give a brief description of the content / programme of your sabbatical?

What are the memories which are still with you from your sabbatical?

What did you hope to receive / achieve / experience from this programme and how have these hopes been realized, challenged or changed?

What are the most important areas of learning for you from your sabbatical?

How has this learning impacted on you and your ministry?

Are there any aspects of your ministry you hope to change as a result of this sabbatical?

**Please return the completed form to:**

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or email to: sabbatical@oxford.anglican.org