



DECLARATION BY CHURCHWARDENS

Please complete the form below and bring this with you to your Visitation

DEANERY:

CHURCH & PARISH:

YOUR NAME:

ADDRESS:

EMAIL:

TELEPHONE: *(Please indicate preferred contact)*

Home:

Mobile:

Work:

DBS CERTIFICATE: Number:

Date:

*Please note that if you are not able to provide this at the Visitation you will not be admitted to office.
Please do not bring your DBS disclosure itself, only the number and date is required.*

I declare that:

- I will faithfully and diligently discharge the duties of the office of churchwarden for the above parish during the period of my appointment.*
- I am not disqualified from holding office as a churchwarden under section 2(1), (2) or (3) of the Churchwardens Measure 2001 and I hold a current enhanced DBS certificate.*
- I consent to the use by the Archdeacon and the diocese of the personal data entered on this form for the purposes of communication with respect to the office and role of churchwarden.*

Please sign here:

Date:

Notes:

- You will find further information about the duties of a churchwarden on the Diocesan website; alternatively you can request a copy from your archdeacon's office.
- The disqualifications are (a) disqualification as a charity trustee under s.72 of the Charities Act 1993; (b) convictions within Schedule 1 to the Children and Young Persons Act 1933; and (c) disqualification under section 10(6) of the Incumbents (Vacation of Benefices) Measure 1977. If you are in any doubt as to whether you are disqualified, please consult the diocesan registrar before signing this form.