**Authorised Chaplaincy Assistant (ACA) Training**

**Registration of Interest Form**

Thank you for your interest in this training.

If you think you may like to be involved in this ministry training, please discuss with your incumbent or the incumbent associated with the church school ***before*** completing this form.

*(Please complete all sections)*

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Phone number** |  |
| **Address** |  |
| **Postcode** |  |
| **Name and address of local church school (if known)** |  |

**Submitting your Expression of Interest**

Once completed, please return this form by email to missionandministry@elydiocese.org

We will hold your details on file (in accordance with our [Privacy Policy which can be viewed here](https://www.elydiocese.org/parish-support/privacy-and-data-protection/)) so that we are able to make contact with you with further information and to provide you with a full Application form, as they become available.

If you want to contact us in the meantime, please email missionandministry@elydiocese.org

Please note, we will aim to acknowledge safe receipt of your expression of interest within 5 (five) business days.

If for any reason you have not heard from us within this time, please feel free to follow-up on the email address above to ensure your application has been received safely.