**EDML – Extended Ministry Development Leave Application**

To the Director of Ministry

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Post: |  | |
| Length of time in post: |  | |
| Year of ordination to the diaconate: |  | |
| Details of any other EDML you have had in this diocese or in other churches or dioceses. Please include date(s) and main focus/foci of previous EDML: | | |
| When do you hope to take your leave? | | |
| EDML PROPOSAL. Please give details of the main objective(s) of your EDML. You will be asked to complete a report following EDML which should focus these objective(s). | | |
| How will your EDML contribute to your ministerial and personal development? | | |
| How will your EDML contribute to your wider ministry within the church or diocese? | | |
| Where will you reside during your EDML? | | |
| If you have any family at home have you discussed issues relating to your EMDL with them?  **YES/NO**  Will your spouse /partner be coming with you for any period(s) of time when you are away? **YES/NO**  Please give details: | | |
| Have you discussed your proposed EMDL with your PCC(s)? **YES/NO** | | |
| Have you discussed cover arrangements with your ministry team (including churchwardens) & Rural Dean? **YES/NO**  Please give an outline of how cover will be arranged – you are also asked to give detailed arrangements to your ministry team and Rural Dean: | | |
| Please outline details of the costs of your proposed EDML:  How will this be funded? | | |
| Signed: | | Date: |

**For office use only**

|  |  |
| --- | --- |
| Date form received: | Date of leave requested: |
| Approved by: | Date: |
| Date grant payment requested: |

**Please return your completed form to: Dr Jonathan Rowe, Director of Ministry, Church House, Woodlands Court, Truro Business Park, Threemilestone, Truro TR4 9NH.**