**Permission to Officiate: Statement of Agreed Expectations**

**This statement of agreement is between:**

*(delete or add to any sections as appropriate)*

The Revd …………………….………………………………………………(requesting or renewing PTO), and

The Revd ……………………………………………………………………… (Designated Responsible Person)

to recognise the ministry of the first-named person above in the context of his/her Permission to Officiate (PTO), in support of ministry in the parish(es) of

……………………………………………………………………………………………………………………………………….

and in commitment of the support, oversight and encouragement of the 2nd named person.

**Ministry Support Offered**

* ………………days/hours each week across the parish and churches
* To minister alongside and in support of the incumbent/priest in charge, as set out below
* There is no requirement to attend PCC meetings

**Sunday Services**

* Up to …….. Sundays each month *(add details as appropriate)*:

**Midweek Services**

* *Any frequency to be agreed*

**Occasional Offices & Pastoral Care**

* Baptisms, Funerals and Marriages, as requested by the incumbent/priest in charge, to include ongoing pastoral care, as appropriate
* Provision of pastoral care with regard to church members and parishioners, as requested by incumbent/priest in charge

**Expenses**

* *Detail whether travel expenses, telephone usage, postage, sundry administration, can be claimed from the PCC, and how*
* Sunday and Midweek Services – Any retired cleric (who was formerly stipendiary) may claim fees when they minister outside their usual context of worship
(currently: £30 service plus sermon, £15 subsequent services, max. £60/wk)
* The Occasional Offices – any minister not in receipt of a stipend is entitled to retain 80% the DBF fee for funerals and weddings – *itemise how this should be handled*

**Review**

This agreement will be reviewed on………………………………….

**This agreement is not binding; it may be changed at any time, and should be reviewed regularly**.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designated Responsible Person

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (requesting/renewing PTO)

Date……………………………………………………………………………………