Registration Form for a New Worshipping Community Diocese of Worcester 2025

Please complete the form below and ensure it is signed off by your PCC and Parish safeguarding officer. Please return it by email to **kbrown@cofe-worcester.org.uk**

Name of Church/Parish it will	take place within:		
Name of NWC			
Name of leader and contact of	details:		
Email:			
Telephone/Mobile number:			
Is there a specific group of pe	eople are vou hoping	g to reach:	
		_	
Where will you meet and how			
Consent of Vicar / Oversight N	Minister and PCC rep	oresentative: (Please prin	t names, sign & date)
Name:	Signed: X		Date:
Name:	Signed: X	[Date:
Name:	Signed: X		Date:
PSO Signature / Person respo	onsible for Safeguard	ding in the parish:	
X			
I agree to complete the safec	guarding checklist ac	ctions with my team:	
. 25.00 to 00	Januari g arradicial de	the state of the s	
Signed: X			
Loador: X		Dato: X	