**Ministerial Development Review (MDR)**

**MDR Reviewer application form 2017/18**

Title and name:

Address:

Email:

Tel:

Please complete the form below. The form will expand as you write if you need more space.

1. Please outline your experience and skills for this role.
2. Please indicate why you want to do this role.

Please give the names and contact details for two referees who may be contacted. One should be your vicar/Rural Dean where possible.

|  |  |
| --- | --- |
| Referee’s name  Email  Tel  How do you know them? | Referee’s name  Email  Tel  How do you know them? |

I wish to apply for the role of MDR Reviewer. I have read the Person and Role Description for Reviewers and if appointed as a Reviewer agree to maintain the level of confidentiality outlined in that document.

Signed (electronic signature accepted)

Date

For enquiries, and to submit this form, please contact Rev’d Jeanette Gosney, Bishops’ Ministry Officer: [Jeanette.gosney@cofesuffolk.org](mailto:Jeanette.gosney@cofesuffolk.org); 07710 479497.