Diocese of Winchester

**Annual Return for Licensed Lay Ministers (LLM) 2020**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | |  | | | First Name |  | | Age 31 Dec 2019 | |  |
| Year Admitted |  | | | Gender |  | | Deanery | |  | |
| Parish | | |  | | | | | | | |

This section is for ministry under the supervision of the incumbent of and within the parish (es) the LLM is licensed to. Exclude any chaplaincy to hospitals schools, prisons etc, representation of Christian organisation or assistance to other denominations or work place groups

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| Total number of **sermons** preached |  |
| Total number of Church/ Home **study groups**, which the LLM has led / spoken at (Exclude attendance as a participant.) |  |
| Total number of **talks** etc at Sunday School, Baptism Alpha, Emmaus, Confirmation Classes: |  |
| Total number of services at which the LLM has assisted in the **Ministry of the Word** (Other than Preaching and the distribution of bread and wine). |  |
| The total number of services at which the LLM has assisted in the distribution of **bread and wine** |  |
| The total number of **House Communions** taken. Count one visit to give communion to several people at the same location as 1 not the total number of people seen. (Exclude chaplaincies to hospitals etc) |  |

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| Total number of leading or assisting in any way at **Morning Prayer** other than preaching and / or intercessions. |  |
| Total number of leading or assisting in any way at **Family Services** other than preaching and / or intercessions. |  |
| Total number of leading or assisting in any way at **Evening** **Prayer** other than preaching and / or intercessions. |  |
| Total number of leading the **intercessions** even if another role is carried out in the service. |  |
| Total number of visits to **sick / hospitals**, other than chaplaincies. |  |
| Total number of **pastoral visits** (excluding House Communions). Count one visit to see several people at the same location as 1 not the total number of people. Exclude chaplaincies hospitals etc. |  |
| Total number of Leading or assisting with **funerals** and / or **burial of** **ashes**. |  |

This section is for ministry needing additional permission from the Bishop under the supervision of the incumbent and within the parish(es) the LLM is licensed to

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| Total number **of Extended Communions** led in absence of an ordained person. |  |

This section is for ministry outside the supervision of the incumbent of and / or outside the parish(es) the LLM is licensed to.

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| Do you preach on the **local Methodist circuit** | yes/no |

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| --- | --- |
| Number of **sermons** preached outside the parish |  |

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| Do you lead a study group/service of worship in the **workplace**: | | yes/no |
| Do you act as a **chaplain** for a hospital or school, etc: | | yes/no |
| If yes Please enter the name(s) of the **organisation**(s) where you are chaplain. |  | |
| Briefly describe the meetings you attend |  | |
| Describe any other ministries that are important to you |  | |

**OPTIONAL worksheet if you wish to use it.**