**SABBATICAL LEAVE APPLICATION**

## to the Head of Learning & Ministry Development

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| --- | --- | --- |
| **1** | **Name:** |  |
| **2** | **Post:** |  |
| **3** | **Length of time in post:** |  |
| **4** | **Archdeacon or Line Manager:** |  |
| **5** | **Details of any other sabbatical leave you have had.** Include date, purpose and main activity. |
| **6** | **Purpose of Proposed Sabbatical Leave.** Briefly summarise what you hope the sabbatical will offer you. |
| **7** | **Has a sabbatical been recommended?** | Yes [ ]Continue at 8 | No [ ]Continue at 9 |
| **8** | **Formally Recommended?** If the sabbatical has been recommended by your line manager, Archdeacon, MDR reviewer, GP or another person, please give the details and their email address. If no, leave blank. |
| **9** | **When would you like to take sabbatical leave and explain proposed timing** (alternatives can be given): |
| **10** | **Sabbatical Leave Proposal**. Outline here how you hope to realise the aim of the sabbatical (see 6) and please note guidance for sabbaticals here, in particular  |
| **11** | **How will this contribute to the development of your ministry and own renewal?** |
| **12** | **How will this contribute to the wider ministry of the church and diocese?** |
| **13** | **How will you cover your work, and have you discussed and agreed this with the Archdeacon, line manager and colleagues as appropriate?** |
| **14** | **Diocesan funds are extremely limited – are you requesting funding from the diocese and is the study leave dependant on this being granted?** |
|  |  |
| **FOR OFFICE USE** |
| **Date Form Received:** | **B&A Review Date:** |
| **Feedback Given:** | **B&A Outcome:** |
| **Further actions or conditions:** |
| **Return this form to** **stuart.burns@leicestercofe.org** |