

SABBATICAL PROSPECTUS

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Circuit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year in the Ministry:** \_\_\_\_\_\_\_\_\_\_\_

Brief description of your appointment:

**Your Sabbatical**

This form has been designed to help you clarify your aims and objectives in preparing for your sabbatical. Please send copies to the district sabbaticals officer and the convenor of your Sabbatical Support Group (no later than the October before the September of the year in which the sabbatical is to be taken).

Aims:

Reasons:

Methods:

Location(s):

How much do you calculate this will cost? The current expenses limit is £700

Timing:

Any plans of your Sabbatical Support Group. Please include the name of the convenor:

*Please note any other relevant information over the page.*