SABBATICAL PROSPECTUS

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

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

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

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

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 return your completed form (ideally electronically) to the District Sabbaticals Officer and the Convenor of your local Sabbatical Support Group (no later than the February before the start of the connexional year in which the sabbatical is to be taken).

Aims:

Reasons:

Potential Fruits:

Methods:

Reading List:

Location(s):

How much do you calculate this will cost? The current expenses limit is £1000

Timing:

If you are a Superintendent, what arrangements are you making for your sabbatical?

Name and contact details of the convenor of your Sabbatical Support Group:

*Please note any other relevant information:.*