## **DIOCESE OF KILMORE**

## A PROGRAMME OF FORMATION FOR LAY PASTORAL MINISTRY

Name:		
Date of birth:		
Email Address:		
Phone No:		
Postal Address:		_
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		_
Name of Parish:		_
Name any involver	ment/roles you have had in your parish or local comr	nunity.
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Please list a	any course of study (if any) you have completed:	
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What is you	ur present or most recent employment?	
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	other relevant employments, roles or responsibilities, paid or	
voluntary, t	that have given you experience which may be helpful in this I	Ministry.
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Please provide the names and addresses of two people (one of whom must be a priest in your Parish) whom we could contact for a reference.

1.Name	2. Name
Address:	Address:
Contact No.:	Contact No.:
Email Address:	
Signature of Applicant:	Date:

**Closing Date for Receipt of Completed Applications: 4 October 2024** 

Please forward application to

Ms Martina Gilmartin

Director of Pastoral Development and Faith Formation

Kilmore Diocesan Pastoral Centre

Cullies, Cavan

H12 E5C7