



The Methodist Church of Southern Africa

Annual Report on Continuing Ministerial Formation

(To be handed in by each active minister to the Synod Secretary or a Delegated Person by the 30th March)

Name of the Minister: _____

Minister Facilitating Review: _____

Lay Member of Review Panel: _____

1. Please summarize the hopes and goals (Action Steps) discussed during the Review:
2. Areas of learning/development identified for the year:
3. Areas of learning/development for the previous year and outcomes:
4. Support/intervention/courses agreed upon for the year (e.g. institution, programme, Seminar, Workshop etc.):
5. Estimated cost: _____
6. Resources (time/ money/ reduction of responsibilities etc.) to be made available by the Circuit to support the Minister's development:

Minister's Signature: _____

Facilitator's Signature: _____

Panel Member's Signature: _____

A Christ-healed Africa for the Healing of Nations