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