



# Bayside Uniting Church

## Continuing Ministry document

*This form may be completed electronically if desired. If completed by hand, and there is insufficient space, please attach additional information. Once complete, submit to the Secretary, Church Council for consideration.*

|  |  |                 |
|--|--|-----------------|
| <b>Title</b>   |  |                 |
| <b>Leader</b>  |  | <b>Contact:</b> |
| <b>Desired outcomes &amp; benefits (be specific)</b>       |  |                 |
| <b>How does this fit with Church's 6E's</b>                | <input type="checkbox"/> Exercising diverse gifts of Spirit <input type="checkbox"/> Engaging young people<br><input type="checkbox"/> Enhancing care for each other <input type="checkbox"/> Extending outreach to community<br><input type="checkbox"/> Enabling vibrant group activity <input type="checkbox"/> Embracing effective use of resources<br><b>Tick one or more and describe how proposal fits:</b> |                 |
| <b>Who is the target group</b>                             |  |                 |
| <b>Does this cut across another Ministry</b>               |  |                 |
| <b>What costs are involved (be as specific as you can)</b> | <b>General On-going:</b><br><b>Other special:</b>  |                 |
| <b>What are the risks involved</b>                         | <b>Risk assessment is attached</b> <input type="checkbox"/> <b>Yes</b>   |                 |

|   |   |
|---|---|
| <b>Implications for Safe Ministry with Children</b> | <b>Is this proposal partially or fully directed at children?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>If so, what steps are being taken?</b>  |
| <b>Location of activities</b>                       |   |
| <b>Proposed dates/time of activity</b>              | <b>Date/time/year:</b> .....<br><b>One off event</b> <input type="checkbox"/> <b>Regular event</b> <input type="checkbox"/> <b>Frequency</b> _____<br><b>Does this clash/compete with similar activity?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br><b>If “Yes”, describe why this activity should proceed:</b> |

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Office use only

**Church Council:**      **Funding:**     **Already in budget;**     **Special funding required**

**Insurance implications:**     **Yes**     **No**

**Approval:**

**Further information required:**     **No**     **Yes** \_\_\_\_\_

**APPROVED:**     **Yes**     **No**    **Reconsider**

**Date:** \_\_\_\_\_