

Appointment of an Alternate Lay Synod Representative for the Diocese of Sydney

This certification to be completed by the elected Synod Representative

In accordance with the [Synod Membership Ordinance 1995](#), clause 22A (2);

- I expect to be unable to attend all or part of the coming session of Synod;
- My reason for not being able to attend is: _____
- I have appointed the person whose details are provided in the section below to be my alternate for this session of Synod and this appointment has the consent of the Wardens.

Name: _____

Parish: _____

Signed: _____ Date: _____

Personal Details of the Alternate Synod Representative

Title: _____

Full Name: _____

Preferred Name:
(if not first name)

Former Names:
(if any)

Date of Birth: _____

Residential address: _____ Postal address: *(if different to Residential address)*

Phone numbers:

Home: _____ Work: _____ Mobile: _____

Preferred phone number is: Home Work Mobile

Email addresses:

Personal: _____ Work: _____

Preferred email address is: Personal Work

To be signed by the Alternate Synod Representative

I have provided the consents required by clauses 5A and 6 of the *Synod Membership Ordinance 1995*.

I declare I am a communicant member of the Anglican Church of Australia and not a member of any other Church and have not been convicted of a disqualifying offence listed in Schedule 2 of the Child Protection (Working with Children) Act 2012.

I consent to my name, contact details and any other personal information that is reasonably necessary for the proper administration of the Synod and the Diocese being collected and handled by Registry (as part of Sydney Diocesan Services or 'SDS') in accordance with the [SDS Privacy Policy](#).

Signed: _____ Date: _____

**Please post once completed and fully signed to: Diocesan Registry, PO Box Q190, QVB Post Office
NSW 1230 or scan and email to registry@sydney.anglican.asn.au**