**Eucharistic Ministers Training**

**for Young Adults**

Lowe House, St Helens

Sunday, 22nd January 2023

**Information for participants** (You may wish to keep a record of these notes)

This is the fourteenth year that a special course has been run to commission young adults as Eucharistic Ministers for the diocese. It was felt that young people would benefit from training that was suitable to their development and formation that happened amongst their peers.

The course is intensive, fun and rewarding for all concerned. It takes place at Lowe House, the home of Animate Youth Ministries and is a non-residential day course on Sunday 22nd January, 2023 from 11am and will finish with the commissioning of the young person during Mass at 6pm to which all are invited.

Young people are expected to be **paid for by their school/college**. It can be indicated on the form opposite for whom they are being commissioned.

The Commissioning Mass is the climax to the training and will take place at 6pm at Lowe House on 22nd January, 2023. Family, parish priests and chaplains are welcome. The Commissioning Rite may be repeated in the place in which the individual will minister.

Those to be commissioned need to be confirmed and committed members of the Church community.

Minimum year group, Yr 10, Maximum year group, Yr 13.

The day will start at 11am. Doors will open at 10:45. You should come to the side door for the parish located on Crab St. The door will be open with an Animate sign attached. The door will be shut and locked at 11:30am.

If you are going to be late please call Fr Simon on 07598 914407.

The day will finish at 6pm with Mass. Mass should be finished by 7pm. If you are able to come to Mass please come to the side door at which you dropped your child off. The door will open at 5:45 and will have to be locked again at 6:15.

Food will be provided for participants in the day. Please make use of the dietary requirements question on the form to note any allergies or food that you cannot eat.

There will also be a tuck shop available through the day at which participants can buy chocolate and cans.

*For further details contact:*

**Fr. Simon Gore, Director of Youth Ministry,**

**Animate Youth Ministries, Lowe House, 99 Crab Street,**

**St. Helens WA10 2BE**

**Tel: 01744 740467**

**s.gore@animateyouth.co,uk**

**TIMETABLE**

**Saturday**

10:45am Doors open

11.00am Arrivals

11:15am Prayer

11.30am 1st Session: Baptism and being called by name

12.30 pm Break – juice and biscuits will be available. Tuck shop will be open for anyone that wishes to buy chocolate and cans.

12.45pm 2nd Session: The Body of Christ as a community of the faithful

2.00pm Lunch

2:45pm 3rd Session: The Eucharist

4:00pm Break – juice and biscuits will be available. Tuck shop will be open for anyone that wishes to buy chocolate and cans.

4:15pm Practicalities

5:30pm Mass Preparation and Personal Reflection

5:45pm Doors open for Mass

**6:00pm *Commissioning Mass All welcome.***

**Eucharistic Ministers Training**

 **Application Form**

Please complete these sheets and return with a cheque (**NO** cash) for **£35**

*Made payable to:* **‘AOL Animate Youth Account’.**

*Sent to:* Administrator, Animate Youth Ministries, Lowe House, 99 Crab Street, St. Helens, WA10 2BE.

On receipt of a completed booklet your place will be confirmed via email.

*(Please print clearly using* **BLOCK** *capitals)*

**NAME:**

**ADDRESS:**

**POST CODE:**

**TEL: MOBILE:**

**EMAIL:**

**DATE OF BIRTH:**

**I am currently in year at School/College**

**Are you registered disabled or do you have any special medical needs**

**If YES please indicate:**

**Do you have any dietary requirements ?**

**Details:**

**I am being commissioned for (school or parish):**

**Signed (parish priest or school chaplain):**

**Paid for by…**

**All information gathered from this form along with the form will be deleted and/or shredded following the Eucharistic Minister Training Day.**

**IF UNDER 18 - PARENTAL/GUARDIAN CONSENT**

(To be completed by Parent or Guardian **if under 18**)

I would like my son/daughter to take part in the specified visit and having read the information provided, I agree to him/her taking part in the activities described.

I confirm that my son/daughter is in good health and I consider him/her to be fit to participate.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

**PRINT NAME:**

**SIGNED: DATE:**

**MEDICAL INFORMATION**

**A.** Any conditions requiring medical treatment, including medication?

 YES/NO

If YES, please give details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please make sure that your son/daughter is carrying enough medication.*

**B.** Does your son/daughter have any allergies? YES/NO

 If YES, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.** Please outline any special dietary requirements of your child including food allergies (*gluten, diary, wheat, nut*)

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**D.** Is your son/daughter a vegetarian? YES/NO

**E.** What type of pain/flu relief medication may your child be given if necessary?

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F.** Does your son/daughter have a particular disability? YES/NO

If YES, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G.** To your best knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered anything in the last four weeks that may be contagious or infectious? YES/NO

**H.** Does your son/daughter have any psychological problems? YES/NO

If YES, please give details

**I.** When did your son/daughter last have a tetanus injection?

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**J.** Are there any personal details that the Leaders should know? YES/NO

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**EMERGENCY CONTACT DETAILS**

Name: Relationship:

Tel No: Mobile:

Address: