**REVIEW FORM TEMPLATE FOR THOSE WITH PERMISSION TO OFFICIATE**

**DIOCESE OF OXFORD**

Name of the PtO holder: …………………………………………………………….

Name of the Incumbent/

Priest-in-charge/Area Dean: ………..………………………………………………….

Benefice Name: …………………………………………………………….

Date of last review …………………………………………………………….

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| Briefly discuss the ministry carried out in the review period.  |

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| Are any changes of circumstances? |