Check list for completing the PCQ Charge Ministry Form.

| □ Email | |
|---|---------------------------------------|
| □ Name | |
| ☐ Your role | |
| ☐ Your contact email address | |
| ☐ Your contact phone number | |
| ☐ PCQ Charge Name | |
| ☐ Presbytery | |
| ☐ Calendar year that this report pertains to (previous year) | |
| ☐ Number of Elders | |
| ☐ Number elected to Committee of Management | |
| ☐ Number of Persons on Communicant Roll as of January 1 (preced | ding year) |
| ☐ Persons added to the Communicant Roll by Profession of Faith (o | during the previous year) |
| ☐ Persons added to the Communicant Roll by Certificate | |
| ☐ Persons added to the Communicant Roll by Resolution of Session | n (Without Certificate) |
| ☐ TOTAL number of persons ADDED to the Communicant Roll durin | ng the preceding year |
| ☐ Persons removed from the Communicant Roll by Disjunction Cer | tificate |
| ☐ Persons removed from the Communicant Roll by death | |
| ☐ Persons removed from the Communicant Roll by defection/with | out certificate |
| ☐ Persons removed from the Communicant Roll by discipline | |
| ☐ TOTAL number of persons REMOVED from the Communicant Ro | ll during the previous year |
| \square Total number of persons on the roll as of December 31 (preceding | ng year) |
| \square Total Adherents on Communicant Roll (i.e 16 years and over) as | of December 31 (preceding year) |
| ☐ How many marriages were conducted by a Minister/Pastor in the | e preceding year? |
| ☐ How many baptisms were conducted by a Minister/Pastor in the | preceding year? |
| \square How many funerals were conducted by a Minister/Pastor in the | preceding year? |
| \square Typically how many church services were held each Sunday (if th | is has changed, please enter how many |
| were being held at the end of the year) | |
| $\hfill\square$ Typical / average attendance across all services on Sundays (18 a | ind over only) |
| $\hfill\square$ Number of physical locations your church would typically hold set | ervices at? |
| ☐ Is there a church plant within your charge? | |
| $\hfill\square$ Do you have people under the age of 18 in your congregation? If | 'No', you do not need to complete |
| anything further in Section 1. | |
| \square Do you have any ministries to young people (children, youth, you | |
| Sunday Service)? If 'No', please complete the remaining questions in | • |
| ☐ Who is the best person to contact about Children's Ministry at you | our church? |
| ☐ Children's Ministry Contact Email Address^ | |
| ☐ Children's Ministry Contact Mobile Number^ | |
| ☐ Number of children under school age | |
| ☐ Number of school age children (Prep-Y6) | |
| ☐ Total Number Of Children's Ministry Programs | |
| ☐ Total Number Of Leaders/Teachers for Children's Ministry | |
| $\hfill\square$ Was teacher training for Children's Ministry Leaders carried out \hfill | last year? |
| ☐ Who is the best person to contact about Youth Ministry at your of | church? |

| ☐ Youth Ministry Contact - Email Address^ |
|---|
| ☐ Youth Ministry Contact - Mobile Number^ |
| □ Number of Youth Ministry participants (Y7-Y12) |
| ☐ Total Number of Youth Ministry Programs (eg. Youth Group, Bible Study Program etc) |
| ☐ Number of leaders/teachers for Youth Ministry |
| ☐ Was leader training for Youth Ministry Leaders carried out last year? |
| ☐ Who is the best person to contact about Young Adults Ministry at your church? |
| ☐ Young Adults Contact - Email Address^ |
| ☐ Young Adults Contact - Mobile Number^ |
| □ Number of Young Adults (18-25) |
| ☐ Number of leaders for Young Adults Ministry |
| ☐ Was leader training for Young Adults Ministry carried out last year? |
| ☐ Would you like a Youth/Children's Ministry Consultant to contact your church about ministry to young people?^ |
| ☐ Is there any type of ministry support (in relation to young people) that would be useful to your church?^ |
| ☐ What ideas, programs, strategies, etc have been fruitful in your context with ministry to young people last year? ^ |
| ☐ Children's/Youth/Young Adult's Ministry Comments^ |
| ☐ How is PresSafe compliance in your church?^ |
| ☐ Do you have any feedback about PresSafe policies and procedures?^ |
| ☐ Do you have any feedback about using Elvanto for PresSafe record keeping in your church?^ |
| ☐ PresSafe Comments |
| □ Number Of Groups |
| □ Number Of Group Leaders |
| ☐ Number Of Group Attendees (typical) |
| ☐ Bible Study/Home Groups/Growth Groups Comments^ |
| ☐ Was financial stewardship (making wise and godly choices with money) discussed generally with the congregation in the past year?^ |
| ☐ Did this discussion include financially supporting the work of the church (such as in evangelism, discipleship and spiritual growth)?^ |
| ☐ Did this discussion include financially supporting mission work?^ |
| ☐ Does your congregation broadly understand that some of the offering contributes to denominational support and resourcing?^ |
| ☐ Stewardship Comments^ |
| ☐ Apart from the normal life of the church, were any specific outreach programs conducted in the past last |
| year? |
| \square Please describe these outreach events or programs (e.g once off, or ongoing, related to Christmas or |
| Easter or something else significant in your community) |
| ☐ Outreach Comments^ |
| □ Number of people involved in PWA & Women's Guilds |
| ☐ Number of people involved in Men's Societies |
| ☐ Please indicate if any of the following ministries take place in your church; Women's Ministry, Men's Ministry, ESL, Seniors, Young Families |
| \Box If not already covered in the data you provided above (in any section), please list any other ministries or groups that are part of your church: |

| \square Are there any ministry areas where your church would appreciate support or connection? If so, please outline below.^ |
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| \Box Are there any stories of encouragement from the calendar year your church would like to share with the |
| wider denomination? If so, please outline below.^ |
| ☐ General Comments on Other Ministries ^ |
| ☐ The Minister/Home Missionary and Session Clerk are aware and approve of the data being submitted in |
| this form. |
| ☐ Please rate your experience in completing this electronic form. |
| ☐ Please provide any comments or suggestions regarding this electronic form. |
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