**8. MDR Feedback Form for Nominated People**

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| **Name of nominated person** |  |
| **Name of minister being reviewed** |  |
| **Date of review meeting** |  |
| **Role/context in which you know the minister** |  |
| **For how long have you known the minister?** |  |

Thank you in advance for taking the time to be a part of this review. Please send or email a copy of this form to the person who has requested your input and a copy to Simone Turroozo (Simone.Turroozo@CovCofE.org) at least one working week before the meeting date listed above.

1. What particular gifts and strengths do you feel that this minister brings to his/her ministry?
2. Are there any areas of his/her ministry that you feel might be strengthened?
3. How do you feel that the minister gets along with other people, including you?
4. How would you personally like to see his/her ministry develop over the next two years?
5. So far as you are aware, who supports the minister in his/her ministry?

**Name or Signature Date**