**East Midlands Synod**

Application for CYDO Support

Name of Church:

Details of person filling out the application form:

Name: Role:

Email: Phone:

Please note that this application is a starting point for discussion. The CYDO will talk to you about what is possible and how much support can be offered.

Please briefly detail what (if any) current Children’s, Youth and Families work you have in place:

Project or area of work where support is requested please be as specific as possible:

Expected timeline for project (please include any specific dates that you would like the CYDO to be available)