Name of Local Chaplaincy Committee:					
Name of School(s):					
MINUTES					
Date:		Venue:			Time:
Present:		L			
Apologies:					
Item	Discussion		Action Who?	Due	Date
Minutes of last					
meeting					
Business Arising					
Chaplaincy Report(s)					
Correspondence In &					
Out					
Treasurer's Report					
Event Planning					
General Business					
Next Meeting / /2017					
Close					