

THE SECOND SUNDAY OF LENT ~ YEAR B

Information for the Weekend of 27th /28th February 2021

St. Columba's Drung Website www.stcolumbasdrung.net

St. Columba's Drung Live Webcam) Mass in Drung: Mass will be said on-line: Mass Times for during the week: Monday through to Friday @ 10.00 a.m. Mass on Sunday @ 10.15 a.m. **NO MASS ON SATURDAY.**

~~~~~

**Mass Times for during the week in Iskaheen:**

Monday through to Saturday @ 10.00 a.m. Sunday @ 9.00 a.m.

**Mass Times in Muff:** Saturday @ 6.30 p.m. Sunday @ 11.30 a.m.

~~~~~

Collection total for Drung: weekend of 20th /21st February **€906.00c.**

Many thanks to all who have supported the envelope collection and for donations given.

~~~~~

**Derry Diocesan Trust: Safeguarding Coordinator (2-year fixed term contract)**

Diocesan Pastoral Centre, 164 Bishop Street, Derry. 14 hours per week – Monday and Tuesday.  
£27, 905 - £29,636 per annum pro rata

**For application packs please contact:** Bishop's House, St Eugene's Cathedral, Francis Street, Derry, BT48 9AP, telephone 02871262302 or email: [payroll@derrydiocese.org](mailto:payroll@derrydiocese.org).

Completed applications must be returned to Personnel, Bishop's House, St Eugene's Cathedral, Francis Street, Derry, BT48 9AP or via email to [payroll@derrydiocese.org](mailto:payroll@derrydiocese.org) no later than 5.00pm on 05.03.2021. *Derry Diocesan Trust is an Equal Opportunities Employer. We welcome applications from all men and women and from members of all communities.*

~~~~~

Reminder: Next Tuesday, 2nd March, is the day for the Movement of Continuous Prayer for Marriage and Family Life in our parish.

This month we are asked to pray for all the mothers in the parish. *"A mother who watches over her child with tenderness and compassion helps her or him to grow in confidence and to experience that the world is a good and welcoming place."* ***The Joy of Love (Pope Francis)***

~~~~~

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                                                                                         |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Forename:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | <b>Surname:</b>                                                                                                                                         |                                                                                    |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <b>Town:</b>                                                                                                                                            |                                                                                    |
| <b>County:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | <b>Eircode/Postcode:</b>                                                                                                                                |                                                                                    |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Mobile No:</b>            | <b>Email:</b>                                                                                                                                           |                                                                                    |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Gender (Please tick):</b> | <b>Male</b> <input type="checkbox"/>                                                                                                                    | <b>Female</b> <input type="checkbox"/> <b>Non-defined</b> <input type="checkbox"/> |
| <p>Please also let us know if there any reasonable adjustments (ie. disability related) required in facilitating your attendance. We will make every effort to support your needs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                                                                                         |                                                                                    |
| <p><b>PLEASE NOTE:</b> Under the GDPR Legislation, May 2018, by enrolling with the Innovation Recovery Project you are agreeing to us holding your personal information. In order to fulfil our obligations with our funders, the following information will be shared with Co-operation And Working Together (CAWT), a partnership of Health and Social Care Trusts: <b>Full Name, Date Of Birth, Postcode</b>. It will be securely disposed of after 2025 and not used for any other reason than for the purpose of running the programme. The information shared with the funder will be statistical and will not contain any identifiable information.</p> |                              |                                                                                                                                                         |                                                                                    |
| <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Date:</b>                 | Please return completed forms by email to<br><a href="mailto:recoverycollegewest@westerntrust.hscni.net">recoverycollegewest@westerntrust.hscni.net</a> |                                                                                    |

*Innovation Recovery On-line Course Timetable for March now available: Courses delivered by ZOOM. Interested in a Course? Get in touch.*

ROI: (087) 409 8630. [Innovation.RecoverySouth@hse.ie](mailto:Innovation.RecoverySouth@hse.ie)

### **Innovation Recovery College Enrolment Form**

Please complete this form to enrol for courses. Tick here if you have previously attended courses