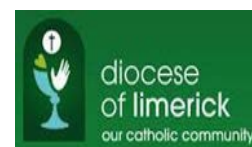


Application for Temporary Ministry (Short-term or Part-time) Declaration Form of Good Standing (Applicant)

(NBSCCCI 1.1C T2)



Name:			
Date of birth:	Phone number:	Email:	
Church body to which you are incardinated:			
Name of Church authority:			
Address of Church authority:			
Appointment last held:	Commencement date on which you are seeking to minister in Another Church body:		
Has your request to minister in another Church body been approved by your Church authority? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current appointment:	Date from:	Date to:	
Address 1:			
Previous appointment:	Date from:	Date to:	
Address 2:			
Previous appointment:	Date from:	Date to:	
Address 3:			
Previous appointment:	Date from:	Date to:	
Address 4:			
Previous appointment:	Date from:	Date to:	
Address 5:			
Additional appointments should be detailed on a separate sheet and attached to this form.			
I hereby declare as follows	Yes	No	Comment
1. I have never been suspended or otherwise canonically disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	
2. I have no criminal record or have not had criminal charges brought against me	<input type="checkbox"/>	<input type="checkbox"/>	
3. I have no behavioural problems, either past or present, which would indicate that I might deal with children in an inappropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>	
4. I have never been involved in an incident or exhibited behaviour that called into question my fitness or suitability for priestly ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error or any other lapse of judgement.	<input type="checkbox"/>	<input type="checkbox"/>	
5. I have no mental or physical needs that would adversely affect performance of my sacred ministry.	<input type="checkbox"/>	<input type="checkbox"/>	
If approved for Temporary Ministry, I will abide by the requirements of the Diocesan Child Safeguarding Policy and Procedures. I will attend a safeguarding information session or a full-day training programme as required.			
I authorise the verification of the information provided on this form as to my previous ministries and personal information.			
Signature: _____ Date: _____			