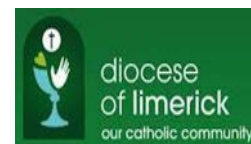


## Application for Faculties to Minister within the area of the Diocese of Limerick

Applies to Priests who are/will be members of Religious Communities in Limerick or are incardinated in another Diocese/Congregation and who are/will be resident in the Diocese of Limerick



### Declaration of Good Standing

<b>Name:</b>			
Date of birth:	Phone number:	Email:	
Church body to which you are incardinated:			
Name and Address of Bishop or Superior:			
:			
<b>Appointment last held:</b>	Commencement date on which you are seeking faculties in the Diocese of Limerick		
Has your request to minister in another Church body been approved by your Church authority? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Current Appointment:</b>	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:			
<b>Additional appointments should be detailed on a separate sheet and attached to this form.</b>			
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"/>	
<b>If granted faculties, I will abide by the NBSCCCI S National Safeguarding Standards and the safeguarding procedures of the Diocese of Limerick.</b>			
I authorise the following to be provided to the Diocese of Limerick			
<ul style="list-style-type: none"> <li>• Verification of the information provided on this form as to my previous ministries and personal information.</li> <li>• The outcome of my Garda Vetting and a record of my attendance at Safeguarding Training.</li> </ul>			
Signature: _____ Date: _____			