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|  | **The Catholic Archdiocese of Canberra and Goulburn**REQUEST TO VISIT ARCHDIOCESEVISITING CLERGY / RELIGIOUSCHURCH AUTHORITY DECLARATION(Required if ACMR / Sydney Ministry Card / or equivalent NOT HELD)**TO BE COMPLETED BY APPLICANT**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm the following:* there have not been any complaints of abuse against me of which I am aware;
* there have not been any substantiated complaints of abuse against me;
* there are no circumstances of which I am aware that could lead to a complaint of abuse against me;
* and there are no other circumstances of which I am aware that may lead to a conclusion that I am an unacceptable risk to children, young people or vulnerable adults, or which might lead to a conclusion that I am not in good standing.I understand that the Archbishop may request that I undergo legal and other background checks or screening requirements prior to a grant of short term faculties being made.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TO BE COMPLETED BY CHURCH AUTHORITY****The Most Reverend Christopher Prowse**Archbishop of Canberra and GoulburnGPO Box 3089CANBERRA ACT 2601Your Grace,In response to the requirements of Towards Healing Paragraph 45.7, as the Church Authority of (Visiting Clergy Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of (Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I hereby state that in relation to this person, there have been no substantiated complaints of abuse against him or her, nor are there any known circumstances that could lead to a complaint of abuse. I am aware that, in moving into a new jurisdiction, this person will be subject to the requirements of relevant State legislation concerning clearances to work with certain categories of persons.Yours sincerely,

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| **Name** |  |
| **Official Role** |  |
| **Address** |  |
| **Signature** |  |
| **Date** |  |
| ***National Catholic Safeguarding Standards: 5.8.1 The entity implements a system to assess the safeguarding credentials and manage the movement of all seminarians, clergy and religious moving between different seminaries, formation programs and Church jurisdictions.*** |

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