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|  | **The Catholic Archdiocese of Canberra and Goulburn** REQUEST TO VISIT ARCHDIOCESE VISITING CLERGY / RELIGIOUS CHURCH 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 Goulburn GPO Box 3089 CANBERRA ACT 2601  Your 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,   |  |  | | --- | --- | | **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.*** | | |  |