**INSTRUCTION.** All visiting clergy and religious who wish to provide ministry or religious service within the Archdiocese of Brisbane must seek prior written permission by completing this form. Email to [faculties@bne.catholic.net.au](mailto:faculties@bne.catholic.net.au%20) noting *‘Application for Short-Term Ministry’* on the subject line*.*  Please give at least two weeks’ notice, if possible, to allow the necessary checks and process.

**PRIVACY**

Generally, the Archdiocese of Brisbane collects, uses, and holds personal information if it is reasonably necessary for or directly related to the performance of Archdiocesan functions and activities. This may include for the purpose of fulfilling Archdiocesan mission and directions, facilitating internal business operations, and complying with legal or regulatory requirements. Generally, the Archdiocese only uses or discloses personal information for the purposes for which it was collected. Except as otherwise permitted by law, the Archdiocese only collects and discloses sensitive information where consent is provided and if the information is reasonably necessary for the performance of our functions and activities.

**APPLICANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** | **FIRST NAME/S** | | **FAMILY NAME** | | **POST NOMINALS / ORDER** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | | **Click or tap here to enter text.** | | **Click or tap here to enter text.** |
| **DATE OF BIRTH** | | **MOBILE NUMBER** | | **EMAIL ADDRESS** | |
| **Click or tap to enter a date.** | | **Click or tap here to enter text.** | | **Click or tap here to enter text.** | |

**CHURCH AUTHORITY**

|  |
| --- |
| **HOME DIOCESE/ORDER/CHURCH ENTITY** **Click or tap here to enter text.** |
| **NAME OF BISHOP/PROVINCIAL** **Enter name** |
| **EMAIL ADDRESS OF CHURCH AUTHORITY** **Click or tap here to enter text.** |

**DETAILS OF VISIT/MINISTRY**

|  |  |
| --- | --- |
| **REASON FOR VISIT (E.G. PRESIDING/CONCELEBRATING MASS, ATTENDING CONFERENCE, HOLIDAY, STUDIES, MISSION WORK)** | |
| **Click or tap here to enter text.** | |
| **LOCATION/S ATTENDING DURING THIS VISIT (PLEASE LIST – E.G. PARISH, LOCATION, CONFERENCE, SCHOOL)** | |
| **Click or tap here to enter text.** | |
| **ARRIVAL DATE** **Click or tap to enter a date.** | **DEPARTURE DATE** **Click or tap to enter a date.** |
| **MINISTRY DATE/S** **Enter to & from dates, or specific dates.** | |
| **NUMBER OF DAYS MINISTERING IN THE ARCHDIOCESE DURING THIS VISIT** **Select from dropdown menu.**  (NOTE – a ‘day’ includes a full day or part of a day, e.g. 2 hours of work on 1 day is considered to be a day) | |
| **TOTAL NUMBER OF MINISTRY DAYS IN THE ARCHDIOCESE SINCE 1 JANUARY THIS YEAR****Select from dropdown menu.** | |

**PROFESSIONAL STANDARDS OFFICE USE**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACMR NUMBER: Click or tap here to enter text.** | | | Verified  Yes  No |
| If no ACMR number, must complete Declarations Relating to Professional Standards form. | | |
| **WORKING WITH CHILDREN CHECK (BLUE CARD)** | | ISSUING STATE: **Click or tap here to enter text.** | Verified |
| CARD NUMBER | **Click or tap here to enter text.** | |
| NAME AS IT APPEARS ON CARD | **Click or tap here to enter text.** | |
| EXPIRY DATE | **Click or tap to enter a date.** | |
| ***Important note:*** A QLD WWCC is a legal requirement where ministry exceeds 7 days within a calendar year. | | | Yes  No |
| **Additional requirements as applicable:**  **MARRIAGE CELEBRANT NUMBER: Click or tap here to enter text.** | | | Yes  No |
| **SAFEGUARDING TRAINING (45-min video and completion form).** Required if ministry exceeds 7 days. | | | Yes  No |
| **NATIONAL POLICE CHECK (less than 3 years old).** Required if ministry exceeds 30 days. | | | Yes  No |
| **SAFE BEHAVIOUR CODE FORM.** Clergy from overseas to complete. | | | Yes  No |
| **COVID-19 VACCINATION. Please tick**  Vaccinated  Not Vaccinated  If ministering in a hospital or aged care facility, must submit a copy of Covid-19 vaccination certificate. | | | Yes  No |