

This form should be filled out for all visiting clergy from other Dioceses **prior** to

providing religious services within the Catholic Diocese of Armidale.

**Visiting priest’s details**

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| **Full name:** |
| **Date of birth:** |
| **Date ordained as a priest:** |
| **Diocese of incardination / Religious Congregation:** |
| **Current Diocese:** |
| **Church Authority (Bishop/Vicar General/ Provincial):** |
| **Parish(es) of the Diocese of Armidale in which religious services are to be provided during visit:** |
| **Date(s) of visit:** |
| **Purpose of visit:** |
| **REQUIRED INFORMATION:**  **ACMR ID No. AND WWC information** (see below) **OR**  **If you do not have an ACMR No. you will need to provide:**  **WWC information** (see below) **AND complete Diocese of Armidale Professional ‘Standards forms:**   1. **Towards Healing Declaration** (completed by visiting Priest) 2. **Statement of Good Standing by Church Authority Declaration** (to be completed by appropriate authority) |
| **ACMR ID No:** |
| **NSW WWC No.** (or state/territory equivalent**):** |
| **WWC No. Expiry Date:** |
| **I do not have an ACMR ID No. therefore I have completed the WWC information above and have completed and attached the following:**  **🞏 Towards Healing Declaration** (completed by visiting priest)  **🞏 Statement of Good Standing by Church Authority Declaration** (to be completed by appropriate authority) |
| **🞏 I have advised the parish priest of my intended visit and purpose of the visit** |
| **Signature: Date: ………./………./……….** |

**FOR CHANCERY USE ONLY:**

**Status following verification on Children’s Guardian website (circle correct option)**

*Cleared Barred Interim bar Not found*

*This form should be kept regardless of whether the visiting priest is cleared to work with children.*

Notes / further comments