



# THE CATHOLIC DIOCESE OF DARWIN

## GROUPS / LAY PERSON/S INVITED TO VISIT / WORK IN THE DIOCESE

To: The Bishop of the Diocese of Darwin  
GPO Box 476  
DARWIN NT 0801

Date: / /

**NAME OF ORGANISATION / PARISH / PERSON WHO EXTENDED THE INVITATION:**

\_\_\_\_\_

NAME OF ORGANISATION/ GROUP INVITED: \_\_\_\_\_

\_\_\_\_\_

WHO DO YOU REPRESENT: \_\_\_\_\_

NAME OF PARISH / COMMUNITY YOU ARE VISITING AND THE DATES YOU ARE THERE?

\_\_\_\_\_

DURATION OF VISIT: From: \_\_\_\_\_ To \_\_\_\_\_

NAME/S OF PERSON/S INVITED TO WORK IN THE DIOCESE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE THE APPROPRIATE CLEARANCES? ( i.e. Blue Card/ Ochre Card etc.) YES /NO**  
**Please attach a photocopy**

NAME OF PARISH YOU BELONG TO: \_\_\_\_\_

NAME OF YOUR PARISH PRIEST: \_\_\_\_\_

OUTLINE OF CONTENT OF YOUR WORK IN THE DARWIN DIOCESE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Group Leader/Individual to Sign

\_\_\_\_\_  
Parish Priest to Sign

APPROVAL GRANTED TO WORK IN THE DIOCESE OF DARWIN

\_\_\_\_\_  
Bishop to Sign

\_\_\_\_\_  
Date

**(N.B. All questions must be completed)**