



CATHOLIC DIOCESE OF DARWIN

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

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

Date:

Please complete all questions

NAME OF ORGANIZATION / PARISH / PERSON WHO EXTENDED THE INVITATION:				
NAME OF PERSON/ORGANIZATION INVITED:				
WHO DO YOU REPRESENT:				
DURATION OF VISIT:	FROM		TO	
NAME/S OF PERSON/S INVITED TO WORK IN OR VISIT THE DIOCESE:				
DO YOU HAVE APPROPRIATE WORKING WITH CHILDREN CLEARANCES (i.e. Blue Card/ Ochre Card etc.)?				
YES <input type="checkbox"/> Please attach a photocopy NO <input type="checkbox"/>				
NAME OF PARISH YOU BELONG TO:				
NAME OF YOUR PARISH PRIEST:				
OUTLINE CONTENT OF YOUR WORK IN OR VISIT TO THE DIOCESE OF DARWIN				

SIGNATURES:

GROUP LEADER/INDIVIDUAL:	
PARISH PRIEST:	

APPROVAL GRANTED TO WORK IN THE DIOCESE OF DARWIN:

NAME OF BISHOP:	Bishop Charles Gauci	SIGNED:		DATE:	
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NOTIFICATION TO INTEGRITY OFFICER/CHILD SAFETY COORDINATOR. DATE: