



# CATHOLIC DIOCESE OF DARWIN

## VISITING GROUP /IMMERSION GROUP

This form should be completed by all visiting groups from other Dioceses in other states or territories in Australia, PRIOR to visiting the Diocese of Darwin. The completed form should be forwarded to:

Bishop's Office: [Integrity Officer](#)

OR

via mail to Bishops Office, Catholic Diocesan Centre, GPO Box 476, Darwin NT 0801

Name of organisation / parish / person who extended the invitation:			
Name of organisation/ group invited:			
Names of parish / community you are visiting:			
Duration of visit	From:	To:	
Reason for visit (e.g. presenting workshop, studies, Mission work, retreat, Youth Ministry):			

Leader/s of group:

Name:		Date of Birth:	
Working With Children Clearance Details:			
Name:		Date of Birth:	
Working With Children Clearance Details:			
Name:		Date of Birth:	
Working With Children Clearance Details:			
Name:		Date of Birth:	
Working With Children Clearance Details:			

Name/s of person/s in visiting group:		

PLEASE ATTACH A COPY OF ANY WORKING WITH CHILDREN CLEARANCES OR ANY APPROPRIATE CLEARANCES.

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

Group Leader to Sign:			
Mobile:		Email:	

**FOR SCREENING AND AUTHORITY OFFICE USE ONLY**

Sighted & verified WWCC; as required	Date:	
Updated Visitor Register	Date:	