

## S4.21 Confirmation of Good Standing

Name:			
Date of birth:	Phone number:	Email:	
Church body to which you are incardinated:			
Name of Church authority:			
Address of Church authority:			
Appointment last held:	Commencement date on which you are seeking to minister in another Church body:		
Has your request to minister in another Church body been approved by your Church authority? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current appointment:	Date from:	Date to:	
Address 1:			
Previous appointment:	Date from:	Date to:	
Address 2:			
Previous appointment:	Date from:	Date to:	
Address 3:			
Previous appointment:	Date from:	Date to:	
Address 4:			
Previous appointment:			
Address 5:			
Additional appointments should be detailed on a separate sheet and attached to this form.			
I hereby declare as follows:	Yes	No	Comment
1. The applicant has never been suspended or otherwise canonically disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. The applicant has no criminal record or has not had criminal charges brought against them.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. The applicant has no behavioural problems, either past or present, which would indicate that they might deal with children in an inappropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. The applicant has never been involved in an incident or exhibited behaviour that called into question their fitness or suitability for priestly ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error or any other lapse of judgement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. The applicant has no mental or physical needs that would adversely affect performance of their sacred ministry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
I authorise the verification of the information provided on this form as to my previous ministries and personal information.			
Signature _____ Date _____			