## S4.20 Declaration Form of Good Standing

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| 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 No  |
| 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: 1. I have never been suspended or otherwise canonically disciplined.
2. I have no criminal record or have not had criminal charges brought against me.
3. I have no behavioural problems, either past or present, which would indicate that I might deal with children in an inappropriate manner.
4. I have never been involved in an incident or exhibited behaviour that called into question my fitness or suitability for priestly ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error or any other lapse of judgement.
5. I have no mental or physical needs that would adversely affect performance of my sacred ministry.
 | Yes | No | Comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I authorise the verification of the information provided on this form as to my previous ministries and personal information.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Data Protection**

*This form will be held on file in accordance with the data protection policy of the Diocese of Meath. The data entered will be used only for the purposes indicated on the form. It may be accessed only by those with responsibility for managing files.*