



**ANGLICAN DIOCESE OF GIPPSLAND**

**APPLICATION FOR ADMISSION TO THE OFFICE OF  
PASTORAL ASSISTANT**

NAME IN FULL: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ BAPTISM \_\_\_\_\_ CONFIRMATION \_\_\_\_\_  
PARISH \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ Email \_\_\_\_\_

To the Bishop of Gippsland,

I, (name in full) \_\_\_\_\_  
desirous of undertaking the duties of a Pastoral Assistant within the Parish of \_\_\_\_\_  
\_\_\_\_\_, respectfully apply to be licensed in the Diocese of  
Gippsland, and I declare that I am in communion with the Anglican Church of Australia, I pledge  
myself to conform to all instructions laid down for my guidance by the Rector and Bishop of the  
Diocese, and to perform faithfully, by God's help, the duties allotted to me.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**CERTIFICATION**

I certify that:

- I am a regular communicant of this parish.
- I have undergone a National Police Check
- I have submitted a Safe Ministry Screening Check
- I hold a current Working With Children Check (Victoria)
- I have read and understood the Diocesan Code of Conduct (*Faithfulness in Service*) –  
See [www.gippsanglican.org.au/](http://www.gippsanglican.org.au/) Resources – Safe Ministry)
- I have attended a Safe Church Awareness Workshop within the Diocese within the last  
three years. (Date and Place.....) OR I propose to attend a Safe  
Church Awareness Workshop within the Diocese in the next twelve months.

Signature of Applicant \_\_\_\_\_

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**CERTIFICATE OF CLERGYPERSON**

I, \_\_\_\_\_ Minister of the Parish of \_\_\_\_\_, desire to recommend Mr/Mrs/Miss/Dr \_\_\_\_\_ whose signature appears above, for the office of Pastoral Assistant in the Parish of \_\_\_\_\_ and am willing and desirous of appointing him/her to that office. I certify that I have made due enquiry and have the unanimous support of the Parish Council.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ANGLICAN DIOCESE OF GIPPSLAND**

**PASTORAL ASSISTANTS INFORMATION**

**This information is Confidential, and accessible only by the Bishop, The Registrar, the Rector making his or her certification and the Registry Staff.**

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parish of** \_\_\_\_\_

**Rector's Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parish Council Consent Given: Yes / No**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by Professional Standards?** \_\_\_\_\_

**Bishop's Comments**

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**Application Approved?    Yes / No**

**Date**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*This form when completed should be forwarded MARKED 'CONFIDENTIAL', to ANGLICAN DIOCESE OF GIPPSLAND, PO BOX 928, SALE VIC 3850*