



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 _____

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/ 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 _____

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

Approved by Professional Standards? _____

Bishop's Comments

Application Approved? Yes / No

Date ____ / ____ / ____

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