



CHRISTIAN BROTHERS EUROPEAN PROVINCE

CONFIRMATION OF GOOD STANDING

As part of our commitment to ensuring safe environments for children everyone working or volunteering in the European Province of the Christian Brothers, who will come in contact with children, all religious and clergy who engage in public ministry require confirmation that they are fit for that sacred task.

Relevant for the following Roles:

- The Church Authority (Provincial)
- Designated Liaison Person
- Members of the Congregation

STANDARD 1

CREATING AND MAINTAINING SAFE ENVIRONMENTS GUIDANCE FOR INDICATOR 1.1

1.1C Template 3: Confirmation of Good Standing

Name:			
Date of birth:	Phone number:	Email:	
Church body to which the applicant is incardinated:			
Name of Church authority:			
Address of Church authority:			
Appointment last held:	Commencement date on which the applicant is seeking to minister in another Church body:		
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:	Date from:	Date to:	
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, to the best of my knowledge, the verification of the information provided on this form as to the previous ministries and personal information of the applicant involved.			
Signature _____ Date _____			