

# APPLICATION FORM

PERSONAL DETAILS	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
	STATE: POSTCODE:
DATE OF BIRTH:	
PLACE OF BIRTH:	

CONTACT DETAILS	
EMAIL:	
MOBILE:	
HOME PHONE:	
EMERGENCY CONTACT PERSON:	
CONTACT DETAILS:	
RELATIONSHIP TO CONTACT PERSON:	

EMPLOYMENT DETAILS						
PLEASE TICK:	<input type="checkbox"/>	FULL-TIME	<input type="checkbox"/>	PART-TIME	<input type="checkbox"/>	CASUAL
POSITION:						
NAME OF EMPLOYER:						

TERTIARY EDUCATION DETAILS	
COURSE:	
YEAR COMPLETED:	

SECONDARY EDUCATION DETAILS	
COURSE:	
YEAR COMPLETED:	

RELATIONSHIP STATUS	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	IN A RELATIONSHIP	<input type="checkbox"/>	MARRIED
HAVE YOU BEEN ENGAGED IN THE PAST?						
HAVE YOU BEEN MARRIED?						
DO YOU HAVE CHILDREN?						

**CATHOLIC FAITH**

HAVE YOU BEEN BAPTISED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE YOU RECEIVED THE SACRAMENT OF CONFIRMATION IN THE CATHOLIC CHURCH?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

PLEASE PROVIDE A COPY OF YOUR BAPTISM, CONFIRMATION CERTIFICATES AND ANY OTHER SACRAMENTAL CERTIFICATES.

PARISH YOU ATTEND	
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PARISH PRIEST	
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WHO IS JESUS TO YOU?	
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WHY IS PRAYER IMPORTANT?	
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DESCRIBE YOUR DISCERNMENT JOURNEY AND HOW IT LED YOU TO APPLY FOR THE CANALI PROGRAM?	
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**HOW WOULD YOU DESCRIBE YOUR GENERAL HEALTH IN THESE AREAS?**

SPIRITUAL:

PHYSICAL:

MENTAL:

EMOTIONAL:

DO YOU HAVE A BLUE CARD?

YES

NO

**DO YOU AGREE TO APPLY FOR A BLUE CARD IF YOU WERE ACCEPTED INTO CANALI PROGRAM?**

YES

NO

DO YOU AGREE TO GET A POLICE CHECK/NATIONAL CRIME CHECK AS PART OF YOUR APPLICATION INTO BEING ACCEPTED INTO CANALI PROGRAM?

YES

NO

TO MEET THE REQUIREMENTS AND FOLLOW THE DIRECTION OF THE ARCHDIOCESE OF BRISBANE, WE REQUIRE EVIDENCE OF YOUR COVID-19 VACCINATIONS BEFORE YOU PARTICIPATE IN THE CANALI PROGRAM.

HAVE YOU RECEIVED TWO DOSES OF A COVID-19 VACCINATION?

YES

NO

## DISCLAIMER AND SIGNATURE

THIS INFORMATION IN THE FIRST INSTANCE WILL BE USED BY THE EXECUTIVE DIRECTOR OF EVANGELISATION BRISBANE, TEAM LEADER OF VOCATION BRISBANE, AND CANALI PROGRAM COMMITTEE IN MAKING THEIR ASSESSMENT OF YOUR POTENTIAL SUITABILITY FOR THE PROGRAM. THIS APPLICATION MAY BE SHARED WITH APPROPRIATE PERSONNEL SUCH AS THE SEMINARY RECTOR AND THE ARCHDIOCESAN SAFEGUARDING OFFICER FOR FURTHER DISCERNMENT. THIS APPLICATION WILL BE VIEWED AT ANY TIME DURING YOUR FORMATION THROUGH THE CANALI PROGRAM.

## PRIVACY POLICY

I UNDERSTAND THAT THE ARCHDIOCESE OF BRISBANE NEEDS TO COLLECT MY PERSONAL INFORMATION TO PREPARE MY SUITABILITY FOR THE DISCERNMENT PROGRAM AND ENSURE THAT A SAFE ENVIRONMENT IS ESTABLISHED. I UNDERSTAND THAT THE ARCHDIOCESE WILL NOT PASS THIS INFORMATION ON TO ANY OTHER ORGANISATION APART FROM THOSE ALREADY SPECIFIED ABOVE. I CONSENT TO THESE DETAILS BEING USED BY THE APPROPRIATE STAFF MEMBERS TO DISCERN MY SUITABILITY FOR THE CANALI PROGRAM.

I, , AGREE AND UNDERSTAND THE DISCLAIMER AND PRIVACY POLICY STATED BEFORE ME.

ARE YOU MAKING THIS APPLICATION FREELY AND WILLINGLY?

YES

NO

I, , CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION PROVIDED TO BE TRUE AND CURRENT AND THAT ARCHDIOCESE OF BRISBANE, THROUGH THE VOCATION BRISBANE OFFICE HAS THE RIGHT TO DECLINE MY APPLICATION. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE FROM CANALI PROGRAM.

I, , DECLARE THAT:

- I HAVE NO KNOWLEDGE OF ANY ISSUE IN MY HISTORY THAT BELIEVE WOULD LEAD TO A COMPLAINT AGAINST ME OF SEXUAL HARASSMENT OR OF ANY FORM OF CRIMINAL ASSAULT OF A SEXUAL NATURE.
- I HAVE NEVER SEXUALLY ABUSED ANYONE.
- I HAVE NEVER BEEN CONVICTED OF SEXUAL ABUSE.
- I HAVE NEVER BEEN CHARGED WITH SEXUAL ABUSE.
- I HAVE NEVER BEEN ACCUSED OF SEXUAL ABUSE.
- I AM OPEN TO LEARNING AND TO GUIDANCE DURING MY FORMATION THROUGH THE CANALI PROGRAM.

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

I ALSO UNDERSTAND THAT ANY WILLFUL DISHONESTY MAY RESULT IN THE REFUSAL OF THIS APPLICATION OR SUSPENSION FROM THE PROGRAM FOR FURTHER INVESTIGATION, WHICH CAN LEAD TO MY DISMISSAL FROM THE PROGRAM. IF THIS APPLICATION IS SUCCESSFUL, I AUTHORIZE VOCATION BRISBANE TO KEEP THIS INFORMATION IN A PRIVATE FILE. IF, FOR ANY REASON, I AM NO LONGER PARTICIPATING IN THE PROGRAM, MY APPLICATION WILL BE DESTROYED AFTER THREE MONTHS OF MY LEAVING. I AUTHORIZE VOCATION BRISBANE TO DISCLOSE IN A CONFIDENTIAL MANNER ANY INFORMATION SUPPLIED IN THIS APPLICATION TO RELEVANT PARTIES, NAMELY THE CANALI PROGRAM CO-ORDINATORS, HR DEPARTMENT AND SAFEGUARDING OFFICER. I ALSO UNDERSTAND I AM ENTITLED TO UPDATE AND CORRECT THE ABOVE INFORMATION AND AGREE THAT THIS INFORMATION COULD BE HELD FOR THREE MONTHS FROM THE DATE OF APPLICATION AND USED IN THE FUTURE BY VOCATION BRISBANE.

SIGNED:

DATE: