APPLICATION for CATECHETICAL FORMATION of MINORS

YEAR: _____ **PARISH:** _____ **GROUP:** _____

Minor's Details:

Name & Surname: _____ ID Number: _____

Date of Birth: _____ Place of Birth: _____

Residential Address: _____

Application for programme in: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6 ☐ Year 7 ☐ Year 8 +

Does the minor suffer from any medical condition or allergies? ☐ YES ☐ NO

If YES, specify.

Does the minor have any specific needs and/or is usually assisted in school by an LSE? ☐ YES ☐ NO

If YES, specify.

Parish where the minor was baptized: _____

Parents'/Guardians' Details:

Father's/Guardian's Name & Surname: _____ Mobile No: _____

Father's/Guardian's ID No: _____ Email:_____ Phone No:_____

Mother's/Guardian's Name & Surname: _____ Mobile No: _____

Mother's/Guardian's ID No: _____ Email:_____ Phone No:_____

Parents/Guardians live in the same household and have shared care and custody: ☐ YES ☐ NO

Parents/Guardians live separately and have shared care and custody: ☐ YES ☐ NO

Parent/Guardian has sole care and custody: ☐ YES ☐ NO

Details of Emergency Contact in case parents/guardians may not be reached:

Name & Surname: _____ Mobile No: _____

Relationship to the minor: _____

In this Declaration:

- 'Diocese' refers to the Diocese of Gozo, which means the Catholic Church in Gozo.
- 'Curia' refers to and incorporates all the entities within the Church in Gozo which administratively fall under the jurisdiction of the Bishop's Curia in Gozo.
- 'Parish' refers to parish/church/centre/community in which the programme is taking place.
- 'Parish Priest' refers to the priest or religious person or other person responsible from the programme that is being applied for.

I/We, the undersigned, parent/s or guardian/s of the minor, declare that:

- I/We am/are aware that this data is being collected on behalf of the Diocese and that this data will be held and processed according to the ecclesiastical and state laws applicable.
- I/We am/are aware that this data will be held and used in relation to the programme and pastoral activities related to it. I/We am/are aware that due to administrative and pastoral purposes, certain correspondence and the minor's attendance record in the programme might be kept alongside this data.
- I/We am/are aware that this information may be passed to other entities within the parish and diocese to be used in relation to the programme.
- I/We confirm that the information provided in this form is correct and should there be any changes, I/we am/are bound to inform this parish and/or the centre of catechism immediately.
- I/We am/are aware that the centre in which the programme takes place might have security cameras installed (CCTV) and that these are kept as requested by law accordingly.
- I/We understand that participation in the programme and related activities is entirely voluntary and requires participants to abide by applicable rules and standard of conduct. I/We, the undersigned agree to accept, if needs be, any decisions taken (even expulsion) by the administration of Parish regarding inappropriate behaviour from the mentioned minor.
- I/We release the Diocese, the Parish, the activity coordinators, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation to which I/we and the minor must abide according to the rules, procedures and/or instructions.
- I/We grant permission for this information to be used to efficiently communicate with me/us regarding the programme and other related activities, via messages (SMS or similar), emails or in writing.
- I/We grant permission so that the mentioned minor may attend activities related to the programme which are held elsewhere from the usual place of activity.
- I/We give consent that, if need be, the mentioned minor is administered first aid and if needed an ambulance is called and/or taken to the polyclinic or hospital for further treatment.
- I/We grant permission for the mentioned minor's medical information to be kept and forwarded to anyone who is entrusted with his/her care to be able to carry out their duty efficiently.
- I/We grant permission for this information to be used as well for updating the parish database for pastoral purposes and that is regularized by the Church internal laws. (Without prejudice to other consent I/we have given).
- I/We am/are aware that when the mentioned minor leaves the activity, I/we am/are fully responsible for him/her.
- *If relevant*, I/we grant permission so that the mentioned minor can be administered with the **sacraments** of Reconciliation, Holy Communion and Confirmation when the Parish Priest deems that the minor is prepared for such, and to collect, retain and process the necessary data for the sacrament to be administered and registered according to Church Law. ☐ **YES** ☐ **NO**
- *If relevant*, I/we, grant permission to the group leader or any other representative of the parish to communicate with the mentioned **adolescent** electronically and/or through his/her personal mobile phone in regard to all activities of this organization. ☐ **YES** ☐ **NO**
- I/We give permission for photos and videos of the mentioned minor to be taken during the activities organized by the parish. These are taken for internal reference for the parish and can be also used on electronic sites, social networks such as Facebook, or other publications by the parish. (Without prejudice to other consent I/we have given). ☐ **YES** ☐ **NO**
- I/We would like to receive other information about various initiatives that the parish is engaged in. (Without prejudice to other consent I/we have given).
- I/We are aware that for further information or clarifications I/we can contact the Parish Priest before I/we sign.
- I/We understand that I/we have the right to retain certain information or that I/we can withdraw my/our application, in which case, the parish has the right not to proceed in processing our application.
- I/We was/were given the opportunity to read the terms and conditions prior to signing this consent form.

Parent/Guardian's Name and Surname	**Parent/Guardian's Name and Surname**	
Parent/Guardian's Signature	**Parent/Guardian's Signature**	**Date**

Questions regarding information in this consent letter should be directed to the person(s) giving consent.