

Diocese of Clonfert

Diocese of Galway, Kilmacduagh and Kilfenora

Visiting Clergy Pack





Dear Father,

Welcome to the Diocese of Galway, Kilmacduagh and Kilfenora. We're very glad to have you with us and to share in ministry together.

This onboarding pack contains a number of important documents. We'd be grateful if you could return the completed pack in full.

Included you'll find:

- A note outlining the **requirements for visiting clergy**, both:
 - For those ministering at a once-off event within Ireland or from abroad, and
 - For those from outside the Republic of Ireland who plan to minister here beyond a once-off event.
- A **Declaration and Confirmation of Good Standing** form, to be completed and stamped by your competent religious authority.
- A **Garda Vetting Form**, required as part of our safeguarding procedures.
- The **Child Safeguarding Statement** of the Diocese.
- Information about your role in Irish law as a **mandated person** under child protection legislation.

Please note that **scanned or photocopied signatures cannot be accepted**. All forms requiring a signature must bear the original.

If anything is unclear or you need assistance at any stage, don't hesitate to get in touch. We're here to support you.

Sincerely,

Fr John Gerard Acton
Diocesan Secretary

REQUIREMENTS FOR VISITING CLERGY WITHIN IRELAND AND FROM OUTSIDE IRELAND WHO WISH TO MINISTER AT A ONCE-OFF EVENT

If a cleric is present for a single event in a parish—such as a baptism, wedding, or funeral—he should:

- Sign the sacristy register to declare his presence for a particular date and time.
- If he is not incardinated in the ecclesiastical jurisdiction, he must provide his celebret for inspection by the parish priest or other delegated person. This should be noted beside his signature in the sacristy register.

REQUIREMENTS FOR VISITING CLERGY FROM OUTSIDE THE REPUBLIC OF IRELAND WHO WISH TO BE INVOLVED IN MINISTRY IN THE DIOCESE BEYOND A ONCE-OFF EVENT

In advance of the intended visit, and before beginning any ministry, a visiting cleric (or other person who wishes to be involved in pastoral ministry in the Diocese of Galway) must:

- Write seeking permission from the Bishop of the Diocese of Galway, giving details of the duration and location of the visit and the type of ministry involved.
- Provide the name and contact details of his bishop or religious superior, and the contact details of the church authority to which he is incardinated.
- Provide a testimonial letter from his bishop or religious superior.
- Complete a Declaration of Good Standing form and have his church authority complete the Confirmation of Good Standing section (see pages 3 and 4 of this protocol document).
- Provide a police clearance certificate confirming that he has no criminal convictions.
- Undertake a vetting check through the Western Province Vetting Service (see pages 5, 6, and 7 of this protocol document).
- Attend a safeguarding information session with the Diocesan Director of Safeguarding, and familiarise himself with the Safeguarding Policy Handbook and other diocesan policies and forms, available at:
www.galwaydiocese.ie/safeguarding/policies

DECLARATION AND CONFIRMATION OF GOOD STANDING

DECLARATION SECTION: To be completed by the Applicant

Name of Applicant:			
Email:			
Phone:			
Date of birth:			
Why do you want to minister in this diocese?			
Are you coming to this diocese temporarily? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date on which you seek to begin ministry in this diocese:			
Current appointment	Position:		
	Address:		
	Date from:		
Previous appointment 1	Position:		
	Address:		
	Date from:	Date to:	

Previous Appointment 2	Position:	
	Address:	
	Date from:	Date to:
Previous Appointment 3	Position:	
	Address:	
	Date from:	Date to:
<i>Details of additional appointments should be given on a separate sheet and attached to this form.</i>		
<p>Have you ever been suspended or otherwise canonically disciplined?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If 'Yes', give details:</p>		

<p>Have you any criminal record, or had criminal charges brought against you?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If 'Yes', give details:</p>

Have you experienced any behavioural problems, past or present, which would indicate that you might deal with children or vulnerable adults in an inappropriate manner?

YES ☐ NO ☐

If 'Yes', give details:

Have you ever been involved in an incident or exhibited behaviour that called in to question your fitness or suitability for ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error, or any other lapse of judgement?

YES ☐ NO ☐

If 'Yes', give details:

If approved for ministry, I agree to abide by the requirements of Diocesan Safeguarding Policy and Procedures, and will attend a safeguarding information session with The Director of Safeguarding for the Diocese of Galway. I confirm I have read the Child Safeguarding Policy Statement for the diocese.

I authorise the verification of the information provided on this form as to my previous ministries and personal information. I also authorise the appropriate necessary sharing of the information I provide to the Diocese of Galway.

SIGNATURE: _____

DATE: _____

CONFIRMATION SECTION

TO BE COMPLETED BY THE APPLICANT'S CHURCH AUTHORITY

Do you approve the Applicant's request to minister in the Diocese of Galway? YES ☐ NO ☐

I verify the information provided in this form as to the Applicant's previous ministries and personal information. I authorise the appropriate and necessary sharing of the information provided.

Signature/seal of Applicant's Church authority:

Date:

DATA PROTECTION: The Diocese of Galway will process the personal data contained in this form in its legitimate interests in connection with your application for ministry. The data will be stored for as long as is necessary. For further information, see the Diocesan Privacy Policy or contact the Data Protection Officer at dpo@elphindiocese.ie

DIOCESAN OFFICE USE ONLY

Approved: _____ Date: _____



Safeguarding Children

Diocese of Galway, Kilmacduagh and Kilfenora

As a constituent member of the Catholic Church in Ireland, we recognise and uphold the dignity and rights of all children, are committed to ensuring their safety and well-being, and will work in partnership with parents/guardians to do this. We recognise each child as a gift from God, and we value and encourage the participation of children in all activities that enhance their spiritual, physical, emotional, intellectual and social development.

All Church personnel (including clergy, religious, staff and volunteers) have a responsibility to safeguard children through promoting their welfare, health and development in a safe and caring environment that supports their best interests and prevents abuse.

A Risk/Hazard Assessment with regard to the Safeguarding of Children has been completed and is available from the Parish Priest. A similar Risk/Hazard Assessment for the Diocese of Galway is available at www.galwaydiocese.ie

Concerns?

If you are concerned about the welfare and safety of children or wish to raise a matter from the past, you may contact any of the following:

Diocesan Safeguarding Service

Ms Aileen Cawley (Diocesan Designated Liaison Person)
Tel: 085 - 2288047 Email: acawley@galwaydiocese.ie

Statutory Authorities

Garda National Protective Services Bureau
Tel: 01 666 3430 / 3423

Garda Confidential Service
Tel: 1800 666 111

Tusla

Galway Tel: 091 546235
Mayo Tel: 094 9042030
Clare Tel: 061 482792

Contact Us



For further information on safeguarding children in our Diocese, please contact:
Fr John Gerard Acton
jgacton@galwaydiocese.ie
091 - 563566

STATUS AS A MANDATED PERSON

Since 11th December 2017, important sections of Children First Act 2015 have become operational in the Republic of Ireland. Two sections of this legislation are of critical importance to you as these refer to mandated persons: Section 14(1) and Section 14(2).

Mandated persons are people who have contact with children and families, and who because of their role, qualifications, training and/or employment, are in a key position to help protect children from harm.

From the Catholic Church's perspective, the following are considered to be mandated persons:

- Member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
- Safeguarding officer, child protection officer, or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children.

As a mandated person you have two main obligations under the legislation:

1. To report the harm to children, above a defined threshold, to Tusla;
2. To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

The threshold for reporting by a mandated person is outlined in Section 14(1) and 14(2) of the Children First Act 2015 is as follows.

Section 14(1):

"...where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child –

- (a) has been harmed,*
- (b) is being harmed, or*
- (c) is at risk of being harmed,*

he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency."

Section 14(2) of the Children First Act 2015 also places obligations on mandated persons to report any disclosures made by a child:

"Where a child believes that he or she –

- (a) has been harmed,*
- (b) is being harmed, or*
- (c) is at risk of being harmed,*

and discloses this belief to a mandated person in the course of a mandated person's employment or profession as such a person, the mandated person shall, ... as soon as practicable, report that disclosure to the Agency."

Section 2 of the Children First Act 2015 defines harm in relation to a child as:

- “a) Assault, ill-treatment or neglect of the child in a manner that seriously affects, or is likely to seriously affect the child's health, development or welfare, or,*
- (b) Sexual abuse of the child.”*

As a mandated person you must report any knowledge, belief or reasonable suspicion that a child has been harmed to TUSLA and to An Garda Síochána from 11th December 2017 onwards.

Allegations relating to Church personnel (clerics, religious, employees and volunteers) will continue to be processed through the local diocesan Designated Liaison Person (DLP), when a joint report will be made with you as the person who has received the allegation. Allegations relating to matters outside the Church will need to be processed solely by you; however you can consult with Tusla and/or the DLP to ensure the concern meets the threshold for reportin

GUIDELINES FOR COMPLETING VETTING INVITATION FORM (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

- The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.
- The applicant's signature must be a wet ink signature.
- Photocopies will not be accepted.
- All applicants will be required to provide documents to validate their identity.
- If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

- Insert details for each field, allowing one block letter per box.
- For Date of Birth field, allow one digit per box.
- Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.
- Please allow one digit per box for your contact number.
- The Current Address means the address you are now living at.
- The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Role Being Vetted For

- The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice.

Declaration of Application

- The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.
- An invitation to the e-vetting website will then be sent to your Email address from evetting.donotreply@garda.ie
- The **Identity Document Validation Form** section of this form must be completed by the person validating your identity and proof of address documents from the organisation listed in Section 2.

IDENTITY DOCUMENT SCHEDULE

Accepted Documentation Table: (Applicants Over 18)

Category	Document Type
	Photo Identification
	Passport from country of citizenship
	Irish/EU/UK Driving Licence or Learner Permit
	Irish Certificate of Naturalisation
	National Identity Card (EU/EEA/Swiss Citizens)
Proof of Address	
Credit Institutions	Bank Statement from a recognised bank (not private money lenders or Revolut)
	Building Society Statement
	Credit Union Statement
	Credit Union Passbook
Utility Providers	Utility Bill (the only utility bills accepted are: gas, electricity, television, broadband, waste & TV licence)
Government Bodies	Correspondence from government departments
Local Authorities	Letter from Local Council confirming tenancy

Applicants Under 18

Only in circumstances where an applicant under the age of 18 that does not have documentation outlined in the accepted documentation table will the following be accepted, two documents must be submitted, one document must be the birth certificate.

Identification
Birth Certificate
Written statement by a school principal confirming attendance (on school letterhead)
Passport from a country of citizenship

Strict Adherence: Only the documents listed are acceptable.



Western Province Vetting Service
Árus de Brún
Newtownsmith
Galway H91 XKF4

Your ref:

SECTION 1 — PERSONAL INFORMATION

Under Section 26(b) of the National Vetting Bureau (Children & Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

FORENAME(s)																				
MIDDLE NAME(s)																				
SURNAME																				
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y	Y										
EMAIL ADDRESS																				
PHONE NUMBER																				
ROLE BEING VETTED FOR																				
CURRENT ADDRESS																				
Line 1																				
Line 2																				
Line 3																				
Line 4																				
Eircode																				

SECTION 2 — ADDITIONAL INFORMATION

I have provided documentation to validate my identity as required. I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

NAME OF ORGANISATION		SCHOOL ROLL NUMBER (if applicable)							
I have provided documentation to validate my identity as required and I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.									
<input type="checkbox"/> Please tick box, to confirm I have read the above declaration.									
APPLICANT SIGNATURE									
DATE	D	D	M	M	Y	Y	Y	Y	

Identity Document Validation Form

Section 1: Photographic ID

- | | | |
|---|------------------------------|-----------------------------|
| Is the photographic document, being relied upon, current and not expired? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the photograph on the document a true likeness for the vetting subject? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the photograph of high quality and clear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the date of birth on the document matching the date provided on the NVB1 Form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the name on the document exactly matching the name provided on the NVB1 Form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 2: Proof of Address

- | | | |
|---|------------------------------|-----------------------------|
| Is the address document dated within six months of the consent date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the address on the proof of address document matching the address provided on the NVB1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the vetting subject's name included on the proof of address document? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the document acceptable as proof of address document, as per Identity Document Schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 3: NVB1 Form

- | | | |
|---|------------------------------|-----------------------------|
| Is the NVB1 form dated and signed by the vetting subject? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the role accepted to be relevant work or activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Consent Box ticked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 4: Document Confirmation

I have physically seen and retained/forwarded a copy of the following documents: (Please check all that apply)

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Completed NVB1 Form (original) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photographic ID document type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Document Reference No. _____ | | |
| Proof of address document type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered No to any of the above questions the vetting subject has not met the criteria to continue with the vetting process

Section 5: Validator Information

- | | |
|--|--|
| Validator's Name (PRINT NAME): | |
| Validator's Signature: | |
| Validator's Role:
(Bishop/Priest/Chairperson/Principal) | |
| Validator's Contact Number: | |
| Validator's Email Address: | |
| Date of Validation: | |