



## Our Lady of Peace and Blessed Dominic Barberi APPLICATION FORM FOR CONFIRMATION 2022

PLEASE USE BLOCK CAPITALS

Candidates First Names:		Male/Female
Candidates Surname:		
Candidates Date of Birth:	Church attending:	
Address:		
	Postcode:	
School attended:	Language(s) spoken:	
School Year:	(Must be Year 8 or above)	
Telephone number:	Mobile:	
Email:		
Father's Full Name:		
Mother's Full Name:		
Church of Baptism:	Date of Baptism:	
Address of Church:		
	According to which Rite:	

A copy of the candidates Baptism certificate is required for Confirmation

### DATA PROTECTION STATEMENT

I/We agree to the parish adding this information to the 'parish register' for use in its work in the community to provide a better service to parishioners and to realise its objectives. The information will be held securely in a locked filing cabinet, and where it is held on computer it will be password protected. Access to the information will be restricted to the Parish Priest and the people authorised by him. It is intended to renew this information every five years.

Parents signature:	Candidates signature:
Date	

Please return to the Parish Office as soon as possible (closing day 12<sup>th</sup> Sept 2022) with a copy of the Baptism Certificate.



**Diocese of Portsmouth**  
Registered Charity No. 246871  
**Safeguarding Office**

**Parental Consent Form**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parental Contact phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Health (Please tell us of any allergies, or if your child suffers from any ailments and/or is taking any medication)

\_\_\_\_\_

\_\_\_\_\_

**I agree to my son/daughter \_\_\_\_\_ taking part in the  
activity based at \_\_\_\_\_.** [ ]

I agree for my son/daughter having their photograph taken  
and being shown in the Churches. [ ]

I agree to the images being published in  
Portsmouth People and on Diocesan websites. [ ]

**When the session is finished, I will (please tick appropriate box)**

Collect my child [ ] \_\_\_\_\_ will collect my child [ ]

I am happy for \_\_\_\_\_ to make his/her own way home [ ]

**Declaration**

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_