



**Requirements for Visiting Clergy  
and persons in any form of consecrated life  
wishing to be involved in  
pastoral ministry in the Diocese**

*July 2022*

## 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, and 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 name and contact details for his bishop or superior, and 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 & 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 & 7 of this protocol document.)*
- Attend a safeguarding information session with Mr Kevin Duffy, Diocesan Safeguarding Officer, and familiarise themselves with the Safeguarding Policy Handbook and other policies/forms for the diocese: [www.galwaydiocese.ie/safeguarding/policies](http://www.galwaydiocese.ie/safeguarding/policies)



***Diocese of Galway, Kilmacduagh & Kilfenora***

Diocesan Office, The Cathedral, Gaol Road, Galway, Ireland

**T.** +353 (0)91 563566

**E.** [info@galwaydiocese.ie](mailto:info@galwaydiocese.ie)

**W.** [www.galwaydiocese.ie](http://www.galwaydiocese.ie)

**DECLARATION & CONFIRMATION OF GOOD STANDING**

*The Diocese of Galway reserves the right to grant or refuse permission to be involved in ministry within the Diocese of Galway.*

<b>DECLARATION SECTION: TO BE COMPLETED BY APPLICANT</b>	
Name of applying priest:	
Email:	
Phone:	
Date of birth:	
Date of ordination:	
Name and address of church authority:	
Why do you want to minister in this diocese?	
Date on which you seek to begin ministry in this diocese:	
CURRENT APPOINTMENT	
Address 1:	
Date from:	
PREVIOUS APPOINTMENT	
Address 2:	
Date from:	Date to:
PREVIOUS APPOINTMENT	
Address 3:	
Date from:	Date to:
PREVIOUS APPOINTMENT	
Address 4:	
Date from:	Date to:
<i>DETAILS OF ADDITIONAL APPOINTMENTS SHOULD BE GIVEN ON A SEPARATE SHEET AND ATTACHED TO THIS FORM.</i>	
Are you coming to this diocese temporarily?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you ever been suspended or otherwise canonically disciplined?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If 'Yes', give details.	

<p>Have you any criminal record, or had criminal charges brought against you?</p> <p>Yes: <input type="checkbox"/>      No: <input type="checkbox"/></p> <p>If 'Yes', give details:</p>
<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?</p> <p>Yes: <input type="checkbox"/>      No: <input type="checkbox"/></p> <p>If 'Yes', give details:</p>
<p>Have you ever been involved in an incident or exhibited behaviour that called in to question your fitness or suitability for priestly ministry due to alcohol misuse, substance misuse, sexual misconduct, financial error, or any other lapse of judgement?</p> <p>Yes: <input type="checkbox"/>      No: <input type="checkbox"/></p> <p>If 'Yes', give details:</p>
<p>If approved for temporary ministry, I agree to abide by the requirements of diocesan Safeguarding Policy and Procedures, and will attend a safeguarding information session with Mr Kevin Duffy, Safeguarding Officer for the Diocese of Galway. I confirm I have read the Child Safeguarding Policy Statement for the diocese.</p>
<p>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.</p>
<p>Applicant signature: _____ Date: _____</p>

<b>CONFIRMATION SECTION</b>
<b>TO BE COMPLETED BY THE APPLICANT'S CHURCH AUTHORITY</b>
<p>Do you approve the applicant's request to minister in the Diocese of Galway?</p> <p>Yes: <input type="checkbox"/>      No: <input type="checkbox"/></p>
<p>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 I provide to the Diocese of Galway.</p> <p>Signature of applicant's church authority: _____ Date: _____</p> <p>ATTACH SEAL:</p>

*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 in the diocese. 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*

**DIOCESE OF GALWAY OFFICE USE ONLY**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor / Diocesan Secretary

**Western Province Diocesan Vetting Service**  
**Vetting Invitation**

Ref No:
---------

Please complete using **BLOCK CAPITALS** and return form to the following address:  
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,**  
**NEWTOWNSMITH, GALWAY CITY**

**DO NOT** send this form directly to the National Vetting Bureau or to any Garda Station

**Section 1 – Personal Information**

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

<b>Forename(s)</b>	
<b>Middle Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	D D / M M / Y Y Y Y
<b>Email Address:</b>	
<b>Contact Number:</b>	
<b>Role Being Vetted for:</b>	
<b>Current Address:</b>	
Line 1:	
Line 2:	
Line 3:	
Line 4:	
Line 5:	
<b>Eircode/PostCode:</b>	

**Section 2 – Applicant’s Consent and Signature**

**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.**

**Please tick:**

**Applicant’s Signature:**

--

**Date:**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Western Province Diocesan Vetting Service  
Vetting Invitation**

Ref No:

Please complete using **BLOCK CAPITALS** and return form to the following address:  
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,  
NEWTOWNSMITH, GALWAY CITY**  
**DO NOT** send this form directly to the National Vetting Bureau or to any Garda Station

**Section 3 – Organisation Information**

<b>Name of Organisation Requesting Vetting</b> <i>(Diocese/Parish/School/Diocesan Agency)</i>	<b>Diocese of Galway</b>
<b>Contact Person</b> <i>(Bishop/Priest/Chairperson of Board of Management/Agency Manager)</i>	Rev. John Gerard Acton Diocesan Secretary
<b>Address of Organisation</b>	Diocesan Office The Cathedral Gaol Road Galway H91 A780
<b>Email Address for contact Person:</b>	jgacton@galwaydiocese.ie
<b>Contact Number:</b>	091 563566
<b>Roll Number (Schools Only):</b>	N/A

**The Applicant has provided documentation\* to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016**

Please tick:  **List Documents Provided:**

**Contact Person Signature:**

**Date:**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Notes:**

**\*Valid Forms of Identity must include Photo ID, Proof of Date of Birth and Proof of Current Address. e.g. Passport plus Current Utility Bill.**

**The Contact Person should return this to:**

**VETTING ADMINISTRATOR  
WESTERN PROVINCE VETTING SERVICE  
GALWAY DIOCESAN PASTORAL CENTRE  
NEWTOWNSMITH  
GALWAY CITY**

## IDENTITY DOCUMENTS CHECKLIST FOR GARDA VETTING

*Documents provided must add up to a score of 100.*

FORMS OF PHOTOGRAPHIC IDENTIFICATION	SCORE	TICK
Irish driving license or learner permit (credit card format)	80	
Passport (from country of citizenship)	70	
Irish certificate of naturalisation	50	
Birth certificate	50	
Garda National Immigration Bureau (GNIB) card	50	
National Identity card (EU/EEA/Swiss citizens)	50	
Irish driving licence or learner permit (old paper format)	40	
Employment ID: <ul style="list-style-type: none"> <li>• Card issued by employer (with name and address)</li> <li>• Card issued by employer (name only)</li> </ul>	35 25	
Letter from employer within last 6 months confirming name and address	35	
P60, P45, or payslip (with home address)	35	
OTHER FORMS OF IDENTIFICATION	SCORE	TICK
Utility bill (e.g gas, electricity, broadband) less than 6 months old <i>Printed online bill is acceptable. Mobile phone bills are not acceptable.</i>	35	
Social services card or medical card Social services or medical card including photograph	25 40	
Bank / building society / credit union statement	35	
Credit / debit card / passbook (only 1 per institution)	25	
National age card (issued by An Garda Síochána)	25	
Membership card: <ul style="list-style-type: none"> <li>• Club, union or trade, professional bodies</li> <li>• Educational institution</li> </ul>	25 25	
Correspondence: <ul style="list-style-type: none"> <li>• From an educational institution/SUSI/CAO</li> <li>• From an insurance company regarding an active policy</li> <li>• From a bank/credit union or government body or state agency</li> </ul>	20 20 20	
<b>Children</b> under 18 years (any one of the following): <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Passport</li> <li>• Written statement by the Principal confirming attendance at an educational institution, on headed paper from that institution</li> </ul>	100 100 100	
Recent arrival in Ireland (less than 6 weeks): <ul style="list-style-type: none"> <li>• Passport</li> </ul>	100	
Vetting subject is unable to achieve 100 points: <ul style="list-style-type: none"> <li>• Affidavit witnessed by a Commissioner for Oaths</li> </ul>	100	
<b>TOTAL SCORE:</b>		



# CHILD SAFEGUARDING POLICY STATEMENT

*of the*

## DIOCESE OF GALWAY, KILMACDUAGH & 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.

If you have a suspicion, concern, knowledge, or allegation that a child is being or has been abused, please contact our designated Diocesan Liaison Person:

**Mr Kevin Duffy**

**Diocesan Pastoral Outreach Centre, Newtownsmith, Galway**

**Mob. 087 6141736**

If you wish to report directly to the statutory authorities, please contact either:

- An **Garda Síochána** at 1800 555 222, through the emergency number 999 or 112, or your local Garda station; or
- Your local **Tusla** Child and Family Agency Duty Social Worker at:  
Galway/Roscommon 091 546235  
Mayo 094 9042030  
Clare 061 482792