

## Catholic Ministry Formation Register

### Contact Person Nomination Form

#### Details of Nominee

1. Name
2. Role
3. Email Address
4. Phone Number

#### Church Authority's Affirmation:

I nominate the person identified above to work on my behalf with the CMFR. This person will have the authority to submit notices of applications, inquire as to whether a contact is present on the database and will be responsible for maintaining the records of the database. This person is aware of these roles and responsibilities. I have ensured that the information that is provided above is correct.

Signature

Date

#### Contact Person's Affirmation:

I understand that cooperation with the CMFR will be required of me as part of my role as Contact Person. This will include preparing notices of application and providing annual updates on those in formation with my Church entity. I will provide such updates in a timely manner and will ensure, to the best of my knowledge and ability, that all information provided to the CMFR is complete and correct.

Signature

Date

#### Privacy Statement

The information provided on this form will be kept securely and only accessed by ACSL staff for the purposes of managing it. This storage and handling will occur in accordance with ACSL's privacy policy and all relevant laws, including the Privacy Act 1988 (Privacy Act). Disclosure, modification or additions to this information will occur as set out in the CMFR policy.