



HOLY ARCHDIOCESE OF AUSTRALIA AND NEW ZEALAND
+ HIS EMINENCE ARCHBISHOP NEKTARIOS

11 LANE CRESCENT RESERVOIR VICTORIA 3073 AUSTRALIA

Telephone: 03 9462 3820 Fax: 03 8797 2293

www.ia-anz.org. Email: haanz@ia-anz.org



Date:

Reference Number:

**APPLICATION FOR INCARDINATION OF A CLERGYPERSON IN OUR
ARCHDIOCESE**

Application Attachments

In addition to completing this application an applicant is required to furnish and attach the following:

MANDATORY

1. This application filled and signed.
2. Curriculum Vitae.
3. Copies of Driver's license OR passport OR identification card/certificate.
4. Penal certificate.
5. Copies of ordination/s.
6. Current photograph passport size.

OPTIONAL

7. Birth Certificate.
8. Certificate of Baptism.
9. Marriage Certificate OR Divorce (if applicable) OR Never Married Certificate.
10. Medical Certificate.
11. Copies of study certificates (if applicable).
12. Two letters of character reference from individuals other than relatives.
13. Copy of military discharge papers (If applicable).

Please type or print in black ink. If more space is needed for answering any of the following questions, please use the end or the back of the pages.

Full Name:	
Address:	
Home telephone number (include area code):	
E-mail address:	
ID or passport number:	
Date of birth:	
Birthplace:	
Are you a citizen of another country?	
If yes which:	

Do you belong to another Synod?	
If yes which one?	
How long have you been with that Synod?	
Where do you attend or Preside in Church?	
When and where were you baptized?	
Father's full name:	
Mother's full name (including maiden name):	
Wife's Full Name (if applicable):	
Do you have any children and how many (if applicable)?	
Your current occupation(s):	
Name and address of your last employer:	
Are you a member of any other organisation?	
If yes which one?	
Do you have any musical ability or training (include singing)?	
Do you speak any other languages and which?	
Are you aware of any health problems you may have?	
Are you required to take any medication?	
Do you have any history of drug and/or alcohol abuse?	
Have you ever been under psychological or psychiatric care?	
Have you ever been arrested or charged with a crime?	
Have you ever been accused of, charged with and/or convicted of sexual harassment, sexual abuse and/or sexual misconduct?	

DECLARATION OF THE APPLICANT

I declare that I filled this application, to the best of my knowledge and belief, the information I have provided is true, correct, and complete. (Tick box).

Upon completion, please scan the form and send it to: haanz@ia-anz.org

Signature

Date