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| **Parish Priest Reference from Parish of Worship for**  **SCHOOL LEADERSHIP POSITION** | |
| **Name of Applicant:** |  |
| **Name of Catholic Priest:** |  |
| **Parish:** |  |

**Catholic Priest to tick the appropriate boxes**



The applicant is someone who worships regularly in my parish

Yes

 No

 Unsure

PLEASE CHOOSE ONE OF THE FOLLOWING

 I have no reservation recommending this applicant for a leadership position within the Parramatta Diocese

# OR

 I have some reservations recommending this applicant for a leadership position within the Parramatta Diocese

# OR

 I do not recommend this applicant for a leadership position within the Parramatta Diocese

**Comment (if desired):**

|  |  |
| --- | --- |
| **Signature of Catholic Priest:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Date of completion:** |  |