



Request for Exemption from a Clearance Requirement for an Individual

All requests for exemption from a clearance requirement must be submitted using this form.

This form must be completed by the Incumbent, or a person appointed by the Incumbent, and approved by Parish Council.

Exemption requests must be for an individual, not a group of people.

PLEASE NOTE: People engaged in the following role types are NOT eligible for exemptions from any of the clearance or other certification requirements applicable to the role/s:

- Licensed clergy
- Clergy with Permission to Officiate
- Anyone classified as working in Children's and Youth Ministries
- Any of the following Licensed roles:
 - Lay reader, lay preacher, lay minister, worship leader; Lay chaplain; Pastoral worker / visitor, nursing home or hospital visitor; Home communion; Spiritual directors / advisers; Safe Church Officers

Parish:

Date request submitted:

Request submitted by:

Name	Role	Contact phone/email

Subject of exemption request (name):

Roles undertaken by the individual:

Role	How often is the role undertaken?	Is the role supervised: <ul style="list-style-type: none">• Always• Sometimes• Never <i>Please provide details</i>

While engaged in the above role/s, what level of contact does the individual have:

With children?	
With people who might be particularly vulnerable?	
With money or church assets?	

Clearance requirements:

Applicable requirement/s (for role/s undertaken)	Requirement met? (yes or no)	Exemption requested? (must be for specific requirement, not ALL requirements)	Reason an exemption is requested

Request approved by Parish Council:

Date	Signature of Parish Council Secretary (or delegate)

Subject of exemption request (name):

[Empty text box for subject of exemption request]

Date of Determination:

[Empty text box for date of determination]

Determination:

	Request approved
	Request not approved
	Conditional approval granted: <i>(details below)</i>
	[Empty text box for conditional approval details]

Comments:

[Large empty text box for comments]

Exemption Review Panel Members who reviewed this request:

Name	Role	Signature

Notifications:

	Date
Parish Notified	
DPS Notified	