



**DIOCESAN PILGRIMAGE
25 SEPTEMBER – 12 OCTOBER 2025**

APPLICATION FORM- Parish Applicants

Please return your completed form
Friday 14 March 2025 to James Camden
 E: james.camden@mn.catholic.org.au

CONTACT INFORMATION	
Preferred Title	Mr Mrs Ms Fr Dr
Name	
Parish	
Mobile	
Email	

PERSONAL DETAILS	
Date of Birth	
Do you have any health or medical conditions? <i>(there is a reasonable level of fitness required. Should your application be successful you may need to supply a doctor's certificate.)</i>	
Overseas travel experience	Novice Experienced Seasoned
Have you completed an overseas Pilgrimage in the last 5 years?	Yes No If yes, what year:
Would you be seeking some small financial assistance towards the overall pilgrimage costs?	Yes No

MINISTRY INFORMATION	
What ministries are you engaged in?	

FORMATION EXPERIENCE (please list any significant formation programs/courses you have been engaged in)			
Programs completed	Year Completed	Programs completed	Year Completed

WHAT WOULD YOU HOPE TO GAIN FROM THIS DIOCESAN PILGRIMAGE?

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HOW MIGHT YOU SHARE YOUR EXPERIENCE AND LEARNINGS GAINED FROM THIS PILGRIMAGE?

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ENDORSEMENT (by Parish Priest)

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Name

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Position

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Date

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PILGRIM COMMITMENT

If selected, I confirm my commitment in participating in the scheduled pre-formation sessions (2 x 1.5 hr / after work hours). I too, acknowledge and commit to a non-refundable deposit of \$1000 when required.

Name

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Signature

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Date

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*Applications will be reviewed soon after the application closing date.
You will be advised after that date if your application has been successful.*