



ACU Liturgical Ministry Training – Catholic Archdiocese of Melbourne
June 2025 **(multiple applicants)**

Applicant information	To be completed for each applicant on the following page/s
Parish Priest/Pastor information**	
Name	
Address	
Email	
Phone	
Parish/School/Community	
Parish Priest's Local Training Delegate information (if applicable)	
Name	
Position in parish/school/Church Organisation	
Email	
Phone	

** Please note that the ACU Centre for Liturgy will keep this information confidential and will not share it with any other party.

Dates: Friday 11 July 6 – 9pm AND Saturday 12 July 9am – 4pm

Venue: Mercy Lecture Theatre, ACU Melbourne, Young Street Fitzroy

Register by: 6 July 2025

I, _____ (pastor) nominate the applicants listed on the next page/s to undertake training as an **Extraordinary Minister of Holy Communion** through the ACU Liturgical Ministry Training offered with the Archdiocese of Melbourne. I have determined that each of these applicants is **fully initiated** in the Roman Catholic Church (Baptism, Confirmation and Eucharist) and has been found to be **suitable** for this extraordinary ministry, namely, is of good character, of sufficient maturity and “whose good qualities of Christian life, faith, and morals recommend them” (*Immensae Caritatis* 1.6).

AND

I [or my approved Local Training Delegate, **named above**] undertake to provide a **local practicum** to instruct these applicants in the practicalities of serving as an **Extraordinary Minister of Holy Communion** in our local parish/school/other ministry venue towards the end of the program, covering (at a minimum) the items on the checklist to be provided by the ACU Centre for Liturgy. Upon successful completion of this local practicum, I (or my approved delegate) agree to forward the completed and signed checklist to all practicum participants so that they can submit it to the Centre for Liturgy for assessment.

I confirm that individuals are aware of the expectation to attend both workshop components and the Practicum to be eligible to receive a certificate ☐ yes

Signed: _____ (Parish Priest/Pastor) Date: _____

Applicant information	To be completed for each applicant
Name	
Email	
Phone	



Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	
Applicant information	<i>To be completed for each applicant</i>
Name	
Email	
Phone	