



Diocesan Youth Ministry Office  
Diocese of Bunbury  
5 Brend-tor Street, Bunbury WA 6230  
P.O Box 2005, Bunbury W.A 6231  
Telephone: (08) 9721 0508 / 0425 622 788  
Email: dioyouth@bunburycatholic.org.au

### **Nominee Information**

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

Age \_\_\_\_ Address \_\_\_\_\_ Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Home phone \_\_\_\_\_ Gender \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_ Parish \_\_\_\_\_

Existing medical conditions or dietary requirements:

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### **Nominator Details**

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Gender \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Parish \_\_\_\_\_

Email \_\_\_\_\_ Role/Relationship to Nominee: \_\_\_\_\_

I \_\_\_\_\_ (nominator's name) wish to nominate  
\_\_\_\_\_ (nominee's name) to be a member of the Youth Leadership Team. I  
have discussed this nomination with the nominee and we both have read and agree to the attached document.

Nominator's Name \_\_\_\_\_ Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominee's Name \_\_\_\_\_ Nominee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **If Nominee is Under 18**

I consent to my child/ward being a member of the Youth Leadership Team. I have read and agree to the attached document. I also give permission for my child/ward to be contacted by the Diocesan Youth Ministry Office.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The Diocese of Bunbury respects the right to privacy of individuals and is bound by the Commonwealth of Australia Privacy Act 1988. Every effort will be made to ensure that information presented on this form respects the privacy of individuals. Personal information collected is minimal and will only be used for the purposes for Catholic Youth Ministry. The information will not be sold or disclosed to any organisation or individual (notwithstanding any legal requirement stipulated in the laws of the Commonwealth of Australia or its territories to disclose information).