



ACU Liturgical Ministry Online Training
(multiple applicants)

Applicant information	<i>To be completed for each applicant on the following page/s</i>
Parish Priest/Pastor information**	
Name	
Address	
Email	
Phone	
Parish/School/Community	
Diocese/Archdiocese where EMHC will serve	
Approved Local Training Delegate information (if applicable)	
Name	
Position in parish/school/Church Organisation	
Email	
Phone	

* Please note that certification to serve as an EMHC cannot be completed until the applicant demonstrates compliance with their local diocesan standards for Working With Children.

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

I, _____ (pastor) nominate the applicants listed on the next page/s to undertake training as **Extraordinary Ministers of Holy Communion** through the ACU Liturgical Ministry Training: EMHC online program. 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 (at least 16 years of age), and “whose good qualities of Christian life, faith, and morals recommend them” (*Immensae Caritatis* 1.6).

AND/OR

I, _____ (pastor) nominate the applicants listed on the next page/s to undertake training as a **Minister of the Word** through the ACU Liturgical Ministry Training: MOW online program. 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).

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 EMHC 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.

Invoice is to be sent to (please select one)

each individual OR **the parish** OR **other** _____

Individuals are expected to complete all **components** so as to be eligible to receive a certificate **yes**

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



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EMHC/MOW	
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