

REGISTRATION FOR CATHECHISTS

Particulars

Name:			Date:	Date:	
Addre	ss:				
Conta	ct:	(H)	(O)	(M)	
Date o	of Birth:	Ed	ucation Level:		
	* Catechism C		GLISH / TAMIL (please circle)		
Please	e tick the following.				
2. 0	Which age group of chil Pre – Primary Lower Primary Upper Primary Lower Secondary Upper Secondary Have you taught Catech Yes No No, are you prepared to a Yes No	ism before?			
0	Are you a practicing Cat Yes No	holic?			
4. 0	Which Sunday mass do 7am 11am	you attend at our church	?		

IMPORTANT: Compliance with guidelines for the Protection of Personal Data In filling this form, I consent to:

(a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");

Signature of Registrant: ____

- (b) The church entity processing my Personal Data for the purpose of my registration by the church entity;
- (c) The church taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on the church's website, publications and for publicity purposes.

I agree/disagree to allow my name to be included in the church's contact/ mailing list.