



## COVID-19 VACCINATION RECORD

### Personal details:

Full Name			
Residential Address			
Email		Phone Number	
Date of Birth			
Role/Ministry Unit			

### Vaccination details:

Vaccination Status	<input type="checkbox"/> I am fully vaccinated	<input type="checkbox"/> I am partly vaccinated	<input type="checkbox"/> I have a lawful exemption
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### Disclaimer:

By signing this form (electronic signature is acceptable), I:

- Attest that the details provided are true and correct and understand that presenting false, misleading or fraudulent information may result in penalties.
- Understand that the Anglican Diocese of Grafton is collecting this information in order to provide a safe and healthy environment.
- Consent to giving the Anglican Diocese of Grafton this information and understand the Diocese will store this declaration in accordance with Privacy Laws and the Diocesan Privacy Policy.
- Consent to the Anglican Diocese of Grafton sharing this information internally within the Diocese only in order to give effect to the Vaccination Policy and to provide support to, and otherwise minimise the impact upon you. Your information will be shared solely on a 'need-to-know' basis.

**Signature:**

**Date:**

*Please provide this completed form and show proof of vaccination/exemption to your supervisor*

### Notes:

- For assistant clergy and Licensed Lay Ministers, the Incumbent is your relevant supervisor.
- For parish employees and other parish volunteers, a Churchwarden is your relevant supervisor.
- For Incumbents, the Bishop of Grafton is your relevant supervisor.
- Completed declarations sighted by the Incumbent or Churchwarden are to be retained at the parish.
- Completed declarations sighted by the Bishop, are to be retained at the Registry.

### OFFICE USE ONLY

<input type="checkbox"/> Proof of vaccination/exemption sighted by		
Name:	Signature:	Date: