



APPLICATION LEVEL 1, 2 COURSE UNIT EXEMPTION

Name: _____

Parish: _____

Address: _____

Suburb _____
or Town: _____ Phone / Mob: _____

E-mail: _____

List Course Unit(s) for which exemption is being requested:

1		
2		
3		
4		

Please state, briefly, the reason for exemption e.g. other courses / CCD programs attended etc. (Please provide details to assist in the processing of your application).

**Signature of
applicant:** _____

Date: _____

Enquiries: CCD Diocesan Office – 02 8379 1638

Mail completed form to:

Alison Newell, Head of CCD
PO Box 390, The Entrance NSW 2261
Email: alison.newell@bbcatholic.org.au

(See Collection Notice overleaf)
ver January 2026



CCD Broken Bay Confraternity of Christian Doctrine

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