



CGI – PARIS use only:
1. Date of Aggregation
.....
2. Aggregation N°:
.....

AGGREGATION REQUEST FORM (to be completed in block letters)

3. National or assimilated Council:
4. Country subdivision (if applicable):

IDENTITY OF CONFERENCE

5. Conference:
6. Date founded (Year/Month/Day) (YYYY/MM/DD)

GEOGRAPHICAL LOCATION

7. **Postal address** of Conference:
Street N° Street name
- Address (cont'd):
- Postcode LOCALITY
- State/region/department/Province (*circle the correct term*)
- E-mail address** of Conference:

8. The Conference is based in: *(Tick **one box** and give the name and town)*
- | | | |
|---|---|-------------|
| <input type="checkbox"/> A church, a sub-parish | } | Name: |
| <input type="checkbox"/> A hospital | | |
| <input type="checkbox"/> A school | | |
| <input type="checkbox"/> A university | | |
| <input type="checkbox"/> A workplace | | |
| Other (please specify) | | Town: |

9. attached to the PARISH of: Name
- Town of the parish
10. in the DIOCESE of:

CONFERENCE ATTACHMENT TO COUNCIL(S)

11. Vincentian location:
Give the Councils to which the Conference belongs, from the nearest to the furthest:
-
-
-

THE MEMBERS

12. Type of Conference:

Children and teenagers

Young people

Adults

Give average age.....

.....

.....

13. Number of members:

14. Surname and first name of President:

Profession (optional) Contact @

Postal address:

15. Surnames and first names of officers:

Vice-President Profession (optional):.....

Treasurer Profession:.....

Secretary: Profession:.....

Spiritual adviser

A BRIEF ACTIVITY REPORT

16. **Frequency of meetings**

17. What part does **prayer** play in the life of the Conference?

Traditional prayers at beginning and end of meeting

Spiritual reflection

Others (please specify)

18. Does your Conference practice **home visiting** (listening and sharing to establish a long-term bond)?

Frequent

Occasional

Non-existent

(between each meeting)

19. What are the **other activities** of the Conference? *Several possible answers.*

Financial or practical help
(state which).....

Help to people in their own homes.....

Evangelisation

Special works (drop-in centre)

Micro-enterprise (rural or economic sector).....

Other (give details):

.....

20. Have members received **Vincentian training**? YES NO

If yes, what form was this? :
.....
.....

21. What activities are carried out together with the parish or establishment (school, hospital, workplace, etc.)?

Several possible answers.

- Masses
- Vincentian commissioning ceremony
- Vincentian feast days
- Collections
- Services given to the parish

Others (please specify)
.....

22. Does the Conference President (or a representative) attend District Council meetings? YES NO

23. Do you attend festival meetings with other Conferences in the area? YES NO

Please specify:

24. How was the Conference started (*several possible answers*)

- At the request of the Parish
- At the initiative of Vincentians
- At the initiative of the Vincentian Family (Lazarist Fathers, Daughters of Charity, Religious of St. Vincent de Paul)

Other: (give details)
.....

25. Is the Conference twinned? YES NO

*

This form has been completed by: Surname, first name and Vincentian role
.....

FORM CERTIFIED AS CORRECT

Date and signature
Conference President

Date and signature
National Council President