DIOCESE OF WESTMINSTER PILGRIMAGE TO LOURDES

**Expression of interest form**

*The annual Westminster Pilgrimage to Lourdes is scheduled to take place from* ***25th July to 1st August 2025.***  *In order to aid the planning stages as early as possible, it would be helpful if you could indicate your interest in travelling to Lourdes with us in 2025 and state if you would be willing to offer any help or volunteer for any of the roles that support the smooth running of the Pilgrimage. Thank you in advance for your support.*

*Please note that Pilgrimage Volunteers over the age of 16 and Adult Volunteers need a* ***Lourdes Pilgrimage******DBS*** *(formerly known as a CRB check)* ***granted by the Diocese of Westminster*** *Safeguarding Department with the correct level of clearance to work with vulnerable adults and children. All participants, and not just Assisted Pilgrims, are required to complete a Westminster Lourdes Pilgrimage Medical Questionnaire and to have received the appropriate permissions, and to have obtained a* ***GHIC and Travel Insurance*** *(compulsory) before travel.*

***1) I want to travel to Lourdes with the Diocese of Westminster Pilgrimage in July 2025:*** **YES □ / NO □** (Please tick ***✓*** your answer)

***2) State how you wish to participate whilst on Westminster’s pilgrimage*** *(Please tick* ***✓*** *your selection(s)* :

**Please return this form *as soon as possible***

***(Before 30th April 2025)***

By email to:

[elizabethuwalaka@rcdow.org.uk](mailto:elizabethuwalaka@rcdow.org.uk)

or to: [lourdes@rcdow.org.uk](mailto:lourdes@rcdow.org.uk)

Or by post to:

***The Pilgrimage Office***

***Vaughan House***

***46 Francis Street***

***London SW1P 1QN***

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| I want to attend as a **Praying Pilgrim** |  |
| I am **Clergy / Seminarian / Religious** wanting to support the pilgrimage |  |
| I am **Assisted Pilgrim** wishing to stay in the Accueil Marie St. Frai |  |
| I am a **Doctor / Nurse / Medical Professional** and want to volunteer on the pilgrimage |  |
| I want to volunteer as a **St. Frai Helper** in co-ordinated rota of daily care of Assisted Pilgrims (helper must be aged 18 or over) |  |
| I want to volunteer as a **St. Frai Mealtime Helper** on a co-ordinated rota for duties supporting Assisted Pilgrims in the Accueil (helper must be aged 18 or over) |  |
| I want to volunteer as a **Jumbulance** **Helper** (Note: this involves travel by Jumbulance by one extra day either side of the week in Lourdes) |  |
| I want to volunteer as a **Redcap** (aged 16 + by 30th April 2025) |  |
| I am leading **a School / Parish Group** on the Westminster Lourdes Pilgrimage 2025 |  |
| I would like someone to contact me with **further information please** |  |
| I want to **donate funds** to support the Westminster Diocese Lourdes Pilgrimage 2025 |  |

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**