



**Beit Or v'Shalom Inc**

**בית אור ושלום**

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*A vibrant and enduring focus for Progressive Jewish life and thought in Brisbane*

PROUDLY AFFILIATED WITH



UNION FOR PROGRESSIVE JUDAISM

## Visitor Request

*Visitors are asked to complete this form and provide as much detail as possible well before your visit, in order to minimise any inconvenience on arrival.*

### Australian Jewish Community - SECURITY CLEARANCE FORM

<b>Surname:</b>	
<b>Given Name/s:</b>	
<b>Are you known or have you been known by any other name or spelling?</b>	
<b>Other name or spelling details:</b>	
<b>Date of Birth:</b>	
<b>Country of Birth:</b>	
<b>Citizenship (If multiple, list - and date/s obtained):</b>	
<b>Mobile Phone Number:</b>	
<b>Other Contact Phone Number:</b>	
<b>Residential Address (currently residing):</b>	
<b>Other Addresses (last 5 years):</b>	
<b>Email Address:</b>	
<b>Occupation:</b>	
<b>Place of Work/Study:</b>	
<b>Relationship Status:</b>	
<b>Name of Partner:</b>	
<b>Maiden Name of Partner:</b>	
<b>Partner Mobile Phone Number:</b>	
<b>If Divorced/Separated, Name of Former Partner:</b>	

<b>Name of Children (include age) 1:</b>	
<b>Name of Children (include age) 2:</b>	
<b>Name of Children (include age) 3:</b>	
<b>What is your current Religion?</b>	
<b>What Religion do your parents practise and where do they practise their religion?</b>	
<b>Why are you interested in attending a service / converting to Judaism / joining this institution?</b>	
<b>Have you contacted any other Jewish community organisations?</b>	
<b>Details of Jewish community organisations you have been associated with:</b>	
<b>How did you find out about this organisation / institution?</b>	
<b>Are you currently, or have you ever been subject to a Good Behaviour Bond, an Interim Apprehended Violence Order or Interim Intervention Order?</b>	
<b>If 'Yes', provide details:</b>	
<b>Have you ever been investigated, charged or convicted of an offence involving firearms or weapons; terrorism; violence; organised crime; or an offence of a sexual nature?</b>	
<b>If 'Yes', provide details:</b>	
<b>Full Name:</b>	
<b>Date:</b>	
<b>Signature:</b>	

*Please attach a copy of one of the following forms of Photo ID: Passport, Driver Licence, Proof of Age Card, Military or Police ID, Student Card. When you visit please bring the original of the Photo ID you attached to this form.*

**Please scan the completed form and forward it, along with a scanned copy of your ID, to [csgops@qjbd.org](mailto:csgops@qjbd.org)**