



Beit Or v'Shalom Inc

בית אור ושלום

13 Koolatah Street, Carina Qld 4152

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

PROUDLY AFFILIATED WITH



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

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

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

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 sec@beitorvshalom.org.au