## **Supplementary Information Form (CRP)** Additional form to apply for a faith place Only complete this section if you are applying for a FAITH-based place.



Please complete only **ONE** of A, B, C or D below, all the parts below, A to D, are of equal weight.

In all cases evidence supplied or declarations made must be done by authorised persons.

Alma Primary reserves the right to check for accuracy of information given.

	-	d your cl January 2		ed at leas	st seven S	ynagogue s	ervices/a	activities in the	e last 12 m	onths
Yes		] No	)							
If yes, ple	ease EIT	HER:								
confirming authorise	g the da d officer	tes of atte	endance be	tween 15 headed ր	January 2	025 and 15 J	lanuary 2	one, or enclose 026, signed by he organisation	the approp	riate
OR:										
Ι,	of Rabbi/a	authorised	v signed and	d stampe		that, to the be	est of my	knowledge, the	e informatio	n
Signed							Date			
Synagog	jue Nam	ne, Addre	ss & Phon	e No		Of	fficial Sta	amp (or enclos	se letterhea	ad)
-			enrolled in st 12 mont			-	er at nur	sery or pre-sc	hool) for a	t least
Yes		No			<b>9</b>	<b>,</b>				
If yes, ple	ease EIT	HER:								
	ol, dates	of enroln	nent and sig			e-school that ate authorise		ld attends, conf entative.	irming the r	name of
I, (Author in part B i			hool represen	ntative)	confirm	n that, to the	best of m	ny knowledge, t	he informat	ion
Signed							Date			
Nursery	Name, <i>I</i>	Address	& Phone No	0		Of	_ fficial Sta	amp (or enclos	se letterhea	ad)

## Supplementary Information Form (CRP) Additional form to apply for a faith place



Only complete this section if you are applying for a FAITH-based place.

Please complete only **ONE** of A, B, C or D below, all the parts below, A to D, are of equal weight.

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	e you been regularly involved as a volunteer in a Jewish communal, charitable or welfare activity								
	t least a year in the last two years ending 15 January 2026?								
Yes	No								
If yes, pl	ease EITHER:								
activity a OR:	a letter from the organisation, on their letterhead, confirming the name of the parent involved in volunteer and the dates of involvement, signed by an authorised representative declaration below signed and stamped.								
	confirm that, to the best of my knowledge, the information is correct.								
Signed	Date								
Organis	ation Name, Address & Phone No  Official Stamp (or enclose letterhead)								
D. Have you been involved, on at least seven occurrences in the last year ending 15 <sup>th</sup> January 2026, either in organised Jewish learning or organised Jewish community activities? This should not include any learning or activities attended as part of paid employment.									
Yes	No No								
	please provide a letter for each activity from the relevant organisation(s) on their letterhead and signed ior member of the Organisation's professional staff team, stating which parent was involved and how								
Activities	could include (but are not limited to):								
<ul><li>Jew</li><li>Lond</li><li>Spir</li><li>Lond</li><li>Limi</li><li>JW3</li><li>Soci</li></ul>	agogues: any courses or one-off learning or cultural events sh Book Week: attending a session(s) don Jewish Cultural Centre: attending any of their courses or 1-off events oArk: attending any of their courses or 1-off events don School of Jewish Studies: attending any of their courses or 1-off events nud: attending the Limmud Conference, LimmudFest, or any of the regional Day Limmud events for London: attending any of their 1-off events all Action organisations – attending events run by or volunteering for any such organisation including (but imited to) Jewish Council for Racial Equality, Tzedek, Gefiltefest, Mitzvah Day, New Israel Fund, Rene sin								