

# Temple Shalom Gold Coast



## Visitor Form

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

|   |  |
|---|--|
| <b>Surname:</b>   |  |
| <b>Given Name/s:</b>  |  |
| <b>Are you known or have you been known by any other name or spelling?<br/>Please provide 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>   |  |

|  |  |
|--|--|
| 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 please 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?<br>If yes please 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 photo ID with you.

**Please print and scan the completed form and forward it, along with a scanned copy of your ID, to [ts\\_gcenquiries@hotmail.com](mailto:ts_gcenquiries@hotmail.com)**

**Alternatively print the completed form and mail it to Temple Shalom Gold Coast, PO Box 481, Isle of Capri, Qld 4217 along with a copy of your ID.**