Nursery and Reception Certificate of Religious Practice (CRP) 2021/22

NB. We recognise that the collection of signatures may be difficult this year, but reserve the right to seek confirmation.

Surname of Child		
First Name(s)		Hebrew name
Full Postal Address		Post code
Home/mobile phone num	າber	
	-	dmission arrangements) of a pupil who has previously Jewish school or nursery for which you are applying?
Please tick one box only	□Yes □No	
Name of sibling/s		Year/s of CRP completion
If Yes	s, there is no need to comple	ete the CRP form. Please go to Section 5.
4 points are needed to	fulfil the requirements of this (CRP. There is no advantage in achieving more than 4 points.
SECTION 1. Between 1 Jul	ly and 31st October 2020:	
	or the child's other parent/guardian atte vals? Online participation must not be a	ended internet-based synagogue services on Friday evenings (<i>Kabbalat</i> on <i>Shabbat</i> or <i>Chagim</i> .
Please tick one box only	□ At least 4 times (2 pts)	□ Less than 4 times (0 pt)
Please list the online attenda	ances:	
Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader
SECTION 2. Between 1 No	ovember 2019 and 31 October 202	0:
-		sibling(s) participated in Jewish educational activities (e.g nursery, the 12 months prior to application?
Please tick one b	pox only 🛛 Yes (2 point	rs) 🛛 No (0 points)
If Yes please specify ac	ctivities (eg school, nursery) and fre	equency

Declaration by Headteacher/Teacher/Course Leader/tutor:

I confirm that to the best of my knowledge and belief the information in Section 2 is correct

Signature	Name and position of signatory	
Date	Address of signatory	
Name of Course/ Institution/School etc	Postcode	

SECTION 3. Within the last two years:

Have you or the child's other parent/guardian participated in an unpaid voluntary capacity in a Jewish communal, charitable or welfare activity on at least 12 occasions?

Please tick relevant box	□ Yes (2 points)	□ No (0 points)
If Yes, please specify name of organisation	ation and give a brief descri	ption:

Declaration by Jewish Communal/Charitable/Welfare Organisation:

I confirm that to the best of my knowledge and belief the information in Section 3 is correct

Signature	Name and position of signatory	
Date	Address of signatory	
Name and Address of Organisation	Postcode	

Notes: If these 12 occasions have included more than one organisation, please attach further declaration(s) to this form. For example, a non-exhaustive list of some volunteering opportunities can be found on <u>www.theus.org.uk</u>

SECTION 4: During August and September 2020:

Have you completed any Office of the Chief Rabbi approved United Synagogue online courses in order to establish your faith eligibility?

These courses will consist of 6 sessions of 30 minutes, covering topics relevant to Jewish customs and practices, including kashrut, Shabbat and Chagim (festivals). All of them need to be completed in order to satisfy this section. Courses will run in August and September 2020 and further details on how to participate will be available from 21st July

2020 on <u>www.theus.org.uk</u>. Families for whom online access presents difficulties are asked to call 020 8343 5656 for more information.

Yes (2 points)

No (0 points)

Declaration by United Synagogue

I confirm that the above named person took part in the approved United Synagogue courses.

nature

SECTION 5. Parent's / Guardian's declaration

I confirm that all the information provided is correct

Signed.....

Date

For School use only

Date received

Name (please print..... Mother/Father/ Guardian

Total number of points.....

Child meets Practice Threshold: YES / NO