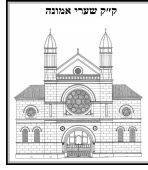


ק"ק שערי אמונה  
*Brisbane Hebrew Congregation*

A.B.N. 98 914 334 669

[www.brishc.com](http://www.brishc.com)

Replies to:  
The Secretary  
P.O. Box 15049  
City East Post Shop  
QLD 4002



98 Margaret Street  
Brisbane QLD 4000  
Phone: 07 3229 3412  
treasurerbhc@gmail.com

## Visitor Request

Visitors are asked to complete this form and provide as much detail as possible well before your visit 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:	

*Brisbane Hebrew Congregation*

Australian Jewish Community - SECURITY CLEARANCE FORM (Continued)	
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 [secretary@brishc.com](mailto:secretary@brishc.com)**