

# In year Certificate of Religious Practice (CRP) 2024-25

Child's surname			Child's first name(s)		
Date of birth			Child's Hebrew name		
Full postal address			Home telephone number		
nints can be obtained	through section	s 1-4 For Section 1 ye	nu must register with the syna	gogue you propose that you, the child	the
ild's other parent / g	guardian to atten	d, as well as completin	g this form. Registration can b	he made by email or online: see synago hission, then you must arrange attend	ogue
the shul you are visi	ting. – please see	e our FAQ document fo	or guidance as to how to do th	is <u>www.theus.org.uk/crp</u>	
				it to the person(s) referred to in secti	ons 1-4
			n must be completed regardle	ess of sibling status.  the responsibility of the parent/gua	rdian t
			ation if they are unable to have		ulali
			•	hild is not personally known to them	and/d
nnot vouch for the p	arent/guardian (	or the child.			
			Between 5 <sup>th</sup> April 2024 a		
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letter from the Synagogue.

## **Declaration by Rabbi/Synagogue Official:**

I confirm that to the best of my knowledge and belief the information in Section 1 is correct. (Please complete the table below for one of the following options. A signature is not required if you have a letter provided from the United Synagogue CRP Attendance system.)

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Option 1	Name and position of signatory:		Address of Synagogue:	
	Date:		7.00.0000.07.0000000	
Option 2	United Synagogue CRP Attendanc	e letter provided, see attache	d – please tick the box : $\ \Box$	

SECTION 2: JE	EWISH EDUCATIONAL ACTIVITIES	- Between 1st Novembe	r 2022 and 31st October 2023
Have you, the child's other paleast <b>six</b> occasions?	arent/guardian or the child participated	d in Jewish educational activit	ies (e.g. Cheder, primary school) on at
Please tick one box only	☐ Yes (2 points)	☐ No (0 points)	
frequency		gramme) and	
	Teacher/Course Leader/tutor: ny knowledge and belief the information	on in Section 2 is correct.	
Name and position of signatory:		Signature:	
Date:		Address of signatory :	
Name of Course/ Institution/School etc		Postcode :	
Note: A non-exhaustive list of	f educational opportunities can be foun	nd on the United Synagogue's	website: <u>www.theus.org.uk</u>
	SECTION 3: VOLUNTEERING - B	etween 1 <sup>st</sup> November and	d 31 <sup>st</sup> October 2023
Have you or the child's other on at least 12 occasions?  Please tick relevant box	parent/guardian participated in a volu    Ves (2 points)		nmunal, charitable or welfare activity
If Yes, please specify na	me of organisation and give a brief des		
	unal/Charitable/Welfare Organisation on knowledge and belief the information		
Name and position of signatory:		Signature:	
Date :		Address of signatory :	
Name and Address of Organisation:		Postcode :	

**Notes**: This volunteering cannot include either anything that benefits, financially or practically, the school you are applying to, the United Synagogue Head Office or the Office of the Chief Rabbi, but can include volunteering for an individual synagogue. For further details, including a non-exhaustive list of suggestions, please see the FAQs.

### SECTION 4: Tribe CRP JUDAISM COURSE 2023 - Courses will take place between May, June and July 2023

The Tribe CRP Judaism Course is now an in-person course running in a number of locations.

This course has been specifically designed for admission to schools whose religious authority is the Office of the Chief Rabbi or whose Foundation Body is the United Synagogue, for admission in September 2024. Applicants who wish to establish religious practice priority to these schools can choose to accumulate points for the CRP in any way they wish and this course would accrue 2 points. The course is open to all applicants and consists of 6 sessions of 45 minutes, involving both child and parent(s)/guradian(s), covering topics relevant to Jewish customs and practices, festivals, kashrut, etc. All of them need to be completed in order to satisfy this section.

For course locations, dates and registration information go to <a href="https://www.tribeuk.com/article/crp-2023">https://www.tribeuk.com/article/crp-2023</a>
If you require further information or support, please contact the Tribe office 020 8343 5656

### **Declaration by United Synagogue**

Name of course leader

Option 1

Please complete the table below for one of the following options. A signature is not required if you have a certificate provided from Tribe.

Signature

I confirm that the above named person took part in the Tribe CRP Judaism course.

Option 2	Certificate provided, see attached – please	e tick box : □	
SECTION	5: PARENT'S/GUARDIAN'S DECLARAT	rion	
I confirm th	at all the information provided is correct.		
Name (plea	se print)		
Relationshi	p to Applicant		
Signed		Date	
For School	use only:		
Date receiv	ed		
Name (plea	se print)	Parent/ Guardian	
Total numb	er of points	Child meets Practice Threshold for prioritisation:	YES / NO

### **SECTION 6: Emergency Additional Option**

This section will only be available for use following authorisation by the Chief Rabbi in the event of a national emergency prohibiting shul attendance. This section will only be valid and should only be completed in such circumstances.

If, during the period specified above for attendance at synagogue, the synagogues are open for services, the requirements of these admission arrangements relating to in person attendance of services at synagogue will apply. In the event that, during the period specified above for attendance at synagogue, the synagogues have been closed for services, the requirement of these admission arrangements relating to in person attendance at synagogue will not apply.

If that is the case, please complete the following section:

Online Synagogue Services: Between 21st April 2023 and 6th January 2024

How many times have you, the child's other parent/guardian, or the child attended internet-based synagogue services on Friday evenings (Kabbalat Shabbat) or the eve of festivals? Online participation must not be on Shabbat or Chagim. Online Synagogue services are selfcertified, please complete the section below.

Please tick one box only At least 4 times (2 pts) Less than 4 times (0 pt)

Please list the online attendances:

Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader
Date:	Host organisation:	Officiant or leader