|  |  |
| --- | --- |
| **Nursery and Reception Certificate of Religious Practice (CRP) 2022/23** |  |

**4 points are needed to fulfil the requirements of this CRP. There is no advantage in achieving more than 4 points.**

**NB. Depending on current government guidelines we recognise that the collection of signatures may be difficult. If you are unable to obtain signatures for any part of the form a letter confirming completion of the section should be obtained from the relevant person(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s surname |  | Child’s first name(s) |  |
| Date of birth |  | Child’s Hebrew name |  |
| Full postal address |  | Home telephone number |  |

Points can be obtained through sections 1-5 to allow for flexibility should government guidelines restrict the collecting of points in person. For Section 1, you must register with the synagogue you propose to attend, as well as completing this form. Registration can be made by email or online: see synagogue website.

 **You should send a completed copy of this form to the school to arrive no later than 15th January 2022.**

 If the form is not received in time, it may not be possible to treat the child as a religious practice priority applicant.

 In order to obtain points in sections 1, 3, 4 and 5, the parent/guardian must complete this form and take, or send, it to the person(s) referred to in those sections. **This form must be completed regardless of sibling status.**

 The school cannot consider a CRP which does not have the relevant declarations and it is the responsibility of the parent/guardian to approach the relevant person(s) to obtain a letter of confirmation if they are unable to have parts of the form signed.

 The relevant person(s) may decline to sign this form where the parent/guardian or the child is not personally known to them and/or cannot vouch for the parent/guardian or the child.

**SECTION 1 SYNAGOGUE ATTENDANCE.** **Between 17th April 2021 and 8th January 2022**

**Since 17th April 2021 how many times have you, the child’s other parent/guardian, or the child attended Shabbat morning synagogue religious services?**

Dates of Shabbat attendance need to be verified by the Rabbi or authorised official of each synagogue attended, either by completing the declaration below or by attaching a signed letter. You should refer to the relevant synagogue website for more details about service times and locations.

Please tick **one** box only

🞏 At least 8 times (4 points) 🞏 At least 4 times (2 points) 🞏 Less than 4 times (0 points)

***Note: Families will not receive points for simply arriving on the premises.***

 ***Synagogues are empowered and are required to decline to record attendance on that basis.***

**Dates that are eligible for recording attendance at Shabbat morning synagogue services from April 17th2021**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2021**17 April25 April1 May 8 May 15 May 22 May29 May  | 5 June12 June19 June26 June 3 July 10 July 17 July | 24 July31 July7 August 14 August21 August 28 August  | 4 September11 September18 September25 September 2 October9 October 16 October | 23 October30 October 6 November 13 November20 November27 November4 December  |  11 December18 December25 December **2022** 1 January  8 January |

*Note: For late or in-year applications, arrangements for registering and recording attendance at Shabbat morning religious services should be made directly with your synagogue.*

**Declaration by Rabbi/Synagogue Official**:

I confirm that to the best of my knowledge and belief the information in Section 1 is correct

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Name and position of signatory |  |
| Date |  | Address of signatory |  |

**SECTION 2 - ONLINE SYNAGOGUE SERVICES. Between 17th April 2021 and 8th January 2022**

How many times have you, the child’s other parent/guardian, or the child attendedinternet-based synagogue services on Friday evenings (*Kabbalat Shabbat*) or the eve of festivals? Online participation **must not** be on *Shabbat* or *Chagim*.

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 ……………………………………

**SECTION 3.** **JEWISH EDUCATIONAL ACTIVITIES. Between 1st November 2020 and 15th January 2022**

Have you, the child’s other parent/guardian or the child participated in Jewish educational activities (e.g. nursery or Jewish adult education) on at least **six** occasions?

 Please tick one box only 🞏 Yes (2 points)🞏 No (0 points)

 **If Yes** please specify activities (e.g. nursery) and frequency…………………………………………….…………………….……

**Declaration by Headteacher/Teacher/Course Leader/tutor**:

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 of Course/Institution/School etc |  | Postcode |  |

*Note: A non-exhaustive list of educational opportunities can be found on the United Synagogue’s website:* [*www.theus.org.uk*](http://www.theus.org.uk)

**SECTION 4.** **VOLUNTEERING.** **Between 1st November 2019 and 15th January 2022**

Have you or the child’s other parent/guardian participated in a 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 and give a brief description:

**Declaration by Jewish Communal/Charitable/Welfare Organisation**:

I confirm that to the best of my knowledge and belief the information in Section 4 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* [*www.theus.org.uk*](http://www.theus.org.uk)

**SECTION 5: CRP JUDAISM ONLINE COURSE 2021**

**Course 1 from 5th May / Course 2 from 16th June / Course 3 from 24th November**

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 2022.  Applicants who wish to establish religious practice priority to these schools can choose to accumulate the CRP in any way they wish and this course would accrue 2 points.

The course is open to all applicants and will consist of 6 sessions of 30 minutes, covering topics relevant to Jewish customs and practices, festivals, kashrut, etc. All of them need to be completed in order to satisfy this section.  Courses will run in May, June and November 2021.

For further details on how to participate go to [www.tribeuk.com](http://www.tribeuk.com) . Families for whom online access presents difficulties are asked to call 020 8343 5656 for more information.

Have you or the child’s other parent/guardian completed an Office of the Chief Rabbi approved United Synagogue online course?

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 Please tick relevant box 🞏 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Name of course leader |  |

**SECTION 6.** **PARENT’S/GUARDIAN’S DECLARATION**

I confirm that all the information provided is correct

Name (please print) …………………….……………………………………………………………………..….

Signed…………………….……………………………………………………………………..…. Date ……………………………………..………

**For School use only**

Date received …………………………………………………………………

Name (please print)…………………………………………………………………………….………………… Parent/ Guardian

Total number of points……………………………. **Child meets Practice Threshold: YES / NO**