# Guidance on how to complete the Non-Sikh Place of Worship Form



# Section: Please answer the following questions

To be completed in full by the parent/carer applying for their child at the Place of Worship with a priest or secretary (Authorised Signatory).

# Please answer the following questions:

| Name of the Authorised Signatory completing this form                 |  |
|---|--|
| Position of the Authorised Signatory at the Place of Worship          |  |
| Name and Full Address of the Place of Worship                         |  |
| Telephone Number of the Place of Worship/Signatory                    |  |
| Name of the child applying at Nishkam Primary School<br>Wolverhampton |  |
| Name of parents/guardian(s)   |  |

### Section: The signatory named above must answer the following

- 1. Each statement needs to be **ticked** yes or no
- 2. Date and location will need to be completed for initiation (ONLY if the answer is YES for 2 and/or 3)
- 3. The form will need to be **signed** and **stamped** by the signatory (priest and secretary) from your Place of Worship

Without this information the Place of Worship Form will be rejected.

### **CORRECT**

| 1   | I confirm that the child and the parent/guardian(s) named<br>above are known to me. (Tick Yes or No)  | WYes | □No                 |   |
|---|---|------|---------------------|---|
| 2   | I confirm that the child named above was baptised and/or practicing his/her religion, or formally initiated into the religion. (Tick Yes or No)  If your answer is Yes please provide the details in the last column.                         | ⊠Yes | □No                 | Religion: State Religion Place of Worship where initiation took place: Place of Worship Name Address of the Place of Worship: Address Date of initiation: Date          |
| 3   | I confirm that the parents/guardian(s) named above was/were baptised and/or practicing his/her/their religion, or formally initiated into the religion. (Tick Yes or No)  If your answer is Yes please provide the details in the last column | ØYes | □No                 | Religion: State Religion Religion Place of Worship where initiation took place: Place of Worship Name Address of the Place of Worship: Addless Date of initiation: Date |
| Signature of the Authorised Signatory at the place of worship (Please provide full name): Signature |   |      | Date:<br>18/09/2025 |   |
|   | SIGNATURE  Sase provide the most updated stamp from the place of worship  SHAM  |      |                     | 18/09/2025  |

Once the form is completed, please upload to: