



## IN-YEAR - 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**).

To be completed by the **parent(s)/guardian(s)**:

Name of the child applying at Nishkam School West London	Child's Full Name
Name of parents/guardian(s)	Parent/Guardian's Full Name
Child's Date of Birth (DD/MM/YYYY)	Child's Date of Birth (DD/MM/YYYY)
Parent/Guardian(s) telephone or mobile number	Parent/Guardian's Telephone/Mobile Number

### Section: The signatory (priest or secretary) must complete the following

1. The signatory must provide his/her accurate **details**.
2. Each statement needs to be **ticked** yes or no
3. Date and location will need to be completed for initiation (**ONLY if the answer is YES for 2 and/or 3**)
4. 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

To be completed by the **authorised signatory** at the place of worship:

Name of the Authorised Signatory completing this form	Name of signatory at the Place of Worship
Position of the Authorised Signatory at the Place of Worship	Position of signatory at the Place of Worship
Name and Full Address of the Place of Worship	Name of Place of Worship Full address of Place of Worship
Telephone Number of the Place of Worship/Signatory	Telephone Number of Place of Worship or Signatory

1	I confirm that the child and the parent/guardian(s) named above are known to me. (Tick Yes or No)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Religion: State Religion  Place of Worship where initiation took place: Place of Worship Name  Address of the Place of Worship: Address of Place of Worship  Date of initiation: Date of Initiation
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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Religion: State Religion  Place of Worship where initiation took place: Place of Worship Name  Address of the Place of Worship: Address of Place of Worship  Date of initiation: Date of Initiation
Signature of the Authorised Signatory at the place of worship (Please provide full name): Signature of Authorised Signatory		Date: Date of form completion (DD/MM/YYYY)		
Please provide the most updated stamp from the place of worship below: Stamp from Place of Worship				

**Once the form is completed, please upload to the below link.**

**Please also answer all the questions asked on the below link.**

For **Reception/Primary**: <https://www.nishkamschooltrust.org/nsw/nsw/admissions/how-to-apply/primary-in-year-sif-form-and-other-documents>

For **Secondary**: <https://www.nishkamschooltrust.org/nsw/nsw/admissions/how-to-apply/secondary-in-year-sif-form-and-other-documents>