

REFERENCES

Please list 2 character references.

e.g. someone important from the community, a local Rabbi, a teacher, a past Madrich/a

REFERENCE 1

Name:		Relationship:	
Contact number:		Email address:	

REFERENCE 2

Name:		Relationship:	
Contact number:		Email address:	

DECLARATION

I declare that all the information written on this form is true to the best of my knowledge. I authorise Camp Simcha to contact my referees in order to determine my suitability for this position.

Applicants signature	
Date of application	

Camp Simcha aims to recruit the most suitable candidates for all its programs and therefore we will be conducting compulsory interviews. The details of these will be given to you in due course.

Please attach to the form:

- 1) A recent picture of yourself
- 2) The medical form filled in

Forms must be emailed to yaffi@campsimcha.org.uk or sent to:

Yaffi Schwartz
Camp Simcha
12 Queens Road
London
NW4 2TH

If you have any questions or require any more information please be in touch with Yaffi: call/text - 07557 911 492 or email - yaffi@campsimcha.org.uk.

Thank you for applying for KESHET 2019

MEDICAL FORM

Name: _____

DOB: _____

Emergency Contact Details:

Person to contact in case of an emergency: _____

Phone Number: _____

GP Details:

Name: _____

Address: _____

Phone Number: _____

Allergies:

Current medical conditions for which you are on medication:

Please give details of the condition/ medication and specialist:

Relevant past medical history:

Please give details about relevant past medical history e.g. surgeries or chronic conditions:

Declaration:

The above information is correct to the best of my knowledge, and information about my medical details can be shared with professionals and others on a 'need to know basis'.

Signature: _____