



Please return this form to the Scripture Union (SU) Office or your local SU Regional Worker. Thank you.
Postal: PO BOX 728, West Ryde, 1685. Phone: 02 8876 1111. Fax: 02 8876 1122

Contact Details

Name (Dr/Miss/Mr/Mrs/Ms/Rev) _____

Address _____

Postcode _____

Phone

H _____

W _____

M _____

Email _____

D.O.B _____

Church

Name of church you regularly attend _____

Address _____

Postcode _____

Phone _____

Minister's Name _____

School

School Name _____

Address _____

Postcode _____

Are you a teacher at this school? _____

If no, what is your occupation and link to the school? _____

Principal's Name (please print) _____

Principal's signature _____

(if registering new group)

X

Please indicate helpers who will be assisting you in the running of this group*:

*Please ensure all helpers complete Helper Registration & PED forms.

Personal

Please briefly describe your relationship with Jesus and the effect that he has had on your life.

Why would you like to be a leader for ISCF at this school?

Please describe any experience and/or training you have received for working with youth.

