



SCRIPTURE UNION

SCHOOL MINISTRIES

# SUPA Leader Form

*Introducing young Australians to Jesus, the Bible and the local church*

Please return this form to the Scripture Union (SU) Office or your local SU Regional Worker. Thank you.  
Postal: PO BOX 728, West Ryde, NSW, 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 SUPA Club at this school?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

