Janssen Spirituality Centre
for Inter-religious and Cross-cultural Relations
22 Woodvale Road Boronia VIC 3155 Tel. 03 9762 6625 Fax 03 9762 6630
Email: enquiries@janssencentre.org WEB: www.janssencentre.org

APPLICATION FORM FOR EXTERNAL GROUPS TO USE JSC FACILITIES

Name of Organisation	or Group:		·
Address:			
City:		State:	Postcode:
Telephone:		Mobile:	
Fax:	Em	ail:	
Contact Person: First	Name:	Family Name:	
Address:			
City:		State:	Postcode:
BH: Telephone:	AH Tel: _		Mobile:
Email:			
Type of Event: ()	Retreat () Spirituality	Programme () Other:
Title of Event:			
Dates of the event :		Т	otal Number of people
Day only	Start Time:	End Time: _	
Evening only	Start Time:	End Time: _	
Live-in	TIME IN:	TIME OUT:	
	Meals and teas will be require		
_			AM Tea, PM Tea
Do any members of yo	our group have any Special	Dietary Require	ements? please tick (✓)
-	() Vegan (-	
			() Other:
	our group have a disability of		
() Hard of hearing	() Mobility Impairment	not able to use s	stairs) (,,,,,) Visual Impairment
() Other: Please sp	ecify:		
Equipment Needs: () Whiteboard () Data F	Projector () Overhead Projector
() DVD Player	() Video Player (.) CD Player (.) Other:
collects. Personal informa programmes, including but programmes, personnel in	tion collected by JSC will only be not limited to statistical informa	e used for adminis tion. To assist us	ensuring the privacy of all information it strative purposes and the planning of in the marketing and planning of ed to third parties with the written consent o
Signature of Contact Pe	rson	Date:	
	Date Application Received::		
Date Application ()	Approved () Not Approved	d/_	by
Date Applicant informed	l of decision / /	by	