

# R1 FORM

ver. Sep 2008

## Application to Reside at Bhaktivedanta Manor

(Must be filled in by anyone wishing to stay for longer than three days)

*In order for the temple management to evaluate your application to stay here, it is necessary for you to fully answer the following questions and then sign the completed form. Without this information it will not be possible for us to process your application (nor provide accommodation). Thank you.*

### 1. Personal Details

Spiritual Name

(Where applicable)

\_\_\_\_\_

Legal Name

(As it appears in passport)

\_\_\_\_\_

Home Address

(Permanent address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number(s) (Include Country code)

Home \_\_\_\_\_

Mobile(Cell) \_\_\_\_\_

Email Address

\_\_\_\_\_

Age

\_\_\_\_\_

If under eighteen, do you have written consent of your parents/guardians to stay in our temple? Yes / No<sup>1</sup>

Date of birth

\_\_\_ / \_\_\_ / \_\_\_\_\_

<sup>1</sup> If you have answered "Yes" to this question, please submit the letter along with the application form.

## 2. Background Information

- a) Please give details of any academic qualifications you have achieved (i.e. GCSE's / O' levels, A' levels, degrees, BTEC's, NVQ's, doctorates, etc.).
- b) Please give details of any skills/abilities you have (professional and devotional).
- c) Please give an outline of all jobs that you've held throughout your working life (please include details of how long you worked in each job and a brief description of what tasks were involved)<sup>2</sup>. *If you have never worked please go on to 2. e).*
- d) Can you give the names and contact details of any two former employers who we may approach for a reference (please include their telephone number and email address)?
- e) Do you have any hobbies/ areas of special interest?
- f) How do you feel about undergoing further education or training?

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<sup>2</sup> Alternatively you may provide us with a full C.V. on separate sheets.

### 3. Driving details

Do you drive? Yes / No

Do you hold a current full U.K. driving licence? Yes / No

Do you have any previous history of accidents, claims, convictions, etc? Yes / No

If Yes, please give details; -

### 4. Health

(Please answer the questions truthfully, accurately and completely. Your privilege to live in the temple will be revoked if there is suppression of facts or furnishing/misleading/false information.)

Do you have any of the following health conditions?

Asthma,  Epilepsy,  Diabetes,

Any kind of sexually transmittable disease,  Any other kind of contagious disease

Please specify

Other

Please specify

Do you have any history of mental illness? Yes / No

If yes, please provide details (include name, address, telephone number of any specialist<sup>3</sup> and relevant certificates as well as documents)

Are you taking any kind of medication? Yes / No

If yes, please specify (include any brand names, how and where it is available, cost and what illness you are taking it for etc.)

Are you registered with a G.P.? Yes / No

If yes, please provide details (include name, address and telephone number).

Are there any other details that we should know about your physical or mental health?

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<sup>3</sup> We will need to take a reference from your current doctor before granting you resident status in the temple.

## 5. Nationality

Place of birth

(Country, City)

What is your nationality?

Which passport do you hold?

Passport number

(Include any letters preceding the number)

Issued by

(Authority/Agency)

Date of Issue

Date of Expiry

If you are an EC Passport holder then you may go to **Section 6**. Otherwise, please answer the following questions.

What type of U.K. visa are you holding presently?

When does it expire (exact date)? \_\_\_ / \_\_\_ / \_\_\_

Are you holding an ongoing ticket out of the U.K.? Yes / No

If yes, when does it expire (exact date)? \_\_\_ / \_\_\_ / \_\_\_\_\_

## 6. Marital Status

Which of the following best describes your sexual persuasion: -

- Heterosexual,       Homosexual,       Bisexual,       Other,  
Please specify

What is your present marital status: -

Single,    Married,    Separated,    Divorced,    Engaged,

De Facto (living together as man and wife though not married),    Widowed.

Do you have any dependants?      Yes / No

If no dependants you may go to Section 7.

## 6. Continued...

Details of Children:

| Name | M/F | DOB | Who are they living with? |
|------|-----|-----|---------------------------|
|------|-----|-----|---------------------------|

How often do you plan to visit your family?

Are there any payments that you must make to your dependants? Please give details, amount, frequency, etc.

## 7. Financial and Legal Details

(Please answer the questions truthfully, accurately and completely. Your privilege to live in the temple will be revoked if there is suppression of facts or furnishing/misleading/false information.)

a) Please give your National Insurance number. \_\_\_\_\_

b) Do you still require regular income while living in the temple? Yes / No  
If yes, please give reasons. If no, please go to 7.c

What arrangements do you plan to make in this connection?

c) Do you have savings over £1000<sup>4</sup>? Yes / No

d) Do you have any ongoing incoming funds? Yes / No  
If yes, please give details.

e) Do you have any outstanding liabilities? i.e. are there any payments that you will need to make while staying in the temple? e.g. loan payments. Yes / No  
If yes, please give details.

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<sup>4</sup> ISKCON will not oblige you to donate any money. This information is needed purely to assess the degree of financial support for which you will depend upon ISKCON.

## 7. Continued...

f) Do you have a criminal record? Yes/ No  
If yes, please give details.

Are you awaiting trial for a criminal offence? Yes / No

g) Contact with children:

1. Have you ever had a child removed from your care? Yes / No
2. Do you have a record of inappropriate behaviour with children? Yes / No
3. Have you ever been disqualified or prevented from being a foster parent? Yes / No
4. Have you ever been referred to the protection of children act list? Yes / No
5. Have you had a police check carried out in the last three years? Yes / No
6. Do you know of any other circumstances that might affect your suitability to work with, be in contact with, or be in the vicinity of children under the age of 16? Yes / No  
If yes, please give details.

*If you have answered yes to questions 1-6 please provide details below.*

| Question No | Date | Circumstances and outcome | Local Authority |
|-------------|------|---------------------------|-----------------|
|             |      |                           |                 |
|             |      |                           |                 |
|             |      |                           |                 |

You may be required to complete an Enhanced Criminal Records disclosure form if you work with children under 8.

## 8. Previous ISKCON experience

Have you previously been a member of another ISKCON ashram/temple/namahatta community?

Yes / No

If no, please go to section 9. If yes, please give details of where and when (list all previous places and years).

| Dates | Temple | Country | Authority | Service |
|-------|--------|---------|-----------|---------|
|-------|--------|---------|-----------|---------|

Are you proposing to stay here as a representative of another ISKCON centre/project?

Yes / No

If yes, please give details (Which project? What business are you on?)

Please give us the contact details (including the name, address, telephone number and email address of the ISKCON authority under whom you are working).

Which year did you join ISKCON? \_\_\_\_\_

Are you free from responsibilities to any other ISKCON centre? Yes / No

Why did you leave your last place of service?

Please give the names and contact details of two of your Temple Presidents/ Project Managers that we can approach for a reference?

## 9. Personal Details

Do you have a spiritual master?      Yes / No  
If yes, please give his name.

Have you received first initiation?      Yes / No      Date  
Have you received second initiation?      Yes / No      Date

If yes, do you have any experience in Deity Worship?      Yes / No  
If yes, please give details.

What services have you rendered in ISKCON? Please give a brief history of your service experience?

What are your preferred engagements and why?

Please list any devotional skills that you have – cooking, singing, giving class, musical instruments, etc.

What especially attracted you to become a part of this temple community?



## 10. More information about you.

When did you first come into contact with ISKCON? \_\_\_\_\_

How did you first make contact with ISKCON?

What was it that attracted you about Krishna Consciousness?

How long have you been chanting 16 rounds of the maha-mantra?  
\_\_\_\_\_ yrs/months/weeks/days

How long have you been following the 4 regulative principles?  
\_\_\_\_\_ yrs/months/weeks/days

What are your reasons for wanting to join ISKCON?

How long do you plan to stay in our temple?      Expected date of departure \_\_\_\_\_

- less than a week,     more than a week, but less than a month,  
 more than a month, but less than 3 months,     more than 3 months, but less than 6,  
 6 months to a year,     1 – 3 years,     over 3 years,     don't know,     for life.

Do you have an idea of what you would like to do while staying with us?

## 10. Continued...

What expectations do you think that ISKCON might have of you?

Do you have any particular ambitions to fulfil?      Yes / No  
If yes, please give details.

What other groups/associations are you (or have you been) affiliated with? – i.e. religious, social, political, leisure, etc. Describe your involvement.

**11.** In the event of an accident or emergency we may need to contact a Next of Kin. Please give us their contact details (include name, address and telephone number).

## Declaration

I, .....declare that the information given here is true, accurate and complete. I understand that my privilege to live in the temple will be revoked if there is suppression of facts or furnishing/misleading/false information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Important Note: When you submit your application, please do not forget to bring appropriate documents and/or certificates that apply to you. We also need to see your passport and two different documents with your address.