***The Auckland******Zionist Society***

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**ERMAN TRUST**

**REPORT BACK FORM**

This form must be completed and submitted by 31 January for those who went on annual programmes and within a month of returning to New Zealand for all others .

**Please type it and email a copy to** [ermantrust@gmail.com](mailto:ermantrust@gmail.com)

Postal address: The Auckland Zionist Society Erman Trust

P O Box 87032 Meadowbank, Auckland 1742

Phone: (09) 520-0801

Website: www.ermantrust.co.nz

Email: [ermantrust@gmail.com](mailto:ermantrust@gmail.com)

**1.** **PERSONAL INFORMATION**

1. Family Name:

2. Given Names:

3. Date of Birth:

4. Full Address:

5. Telephone: Home

Mobile

6. Email:

7. Fax:

8. Date this form is submitted:

**2. PROGRAMME INFORMATION**

1. Full name of institution in Israel:
2. Title of programme/course/ project:
3. Date programme began in Israel:
4. Date programme ended in Israel:
5. Date you returned from Israel:

**3. EXPERIENCE IN ISRAEL**

* + - 1. In what way did your experience contribute to your personal development and Jewish identity? *(50-100 words)*
      2. To what extent did the experience meet your expectations? How would you rate the quality of the programme? *(50-100 words)*

**4. CONTRIBUTION TO THE JEWISH COMMUNITY IN NEW ZEALAND**

1. In what way have you contributed to the Jewish community since you returned from Israel? *(50-100 words)*
2. In what way will you contribute to the Jewish community for the balance of your commitment to the Erman Trust? *(50-100 words)*

*Thank your completing this form.*