



# Islāmic Da'wah Academy

## Jāme'ah Riyādul 'Uloom

### APPLICATION FORM

120 Melbourne Road, Leicester, Leicestershire, England, UK, LE2 0DS.

For details of the courses we offer including entry requirements, please visit [www.jru.org.uk](http://www.jru.org.uk)

**Only complete this application form if you are in year 11 (or its equivalent) or above.**

**Please write clearly in CAPITAL LETTERS using black ink and ensure that all fields are completed.**

#### TYPE OF APPLICATION

|                                                                    |                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Tahfizul-Qur'ān</b>                    | If you have memorized any juz' of the Qur'ān then please give details:                                                                                                                                                                                                                                                |
| <input type="checkbox"/> <b>I'dādiyyah</b><br>(Preparatory Course) | 1 year intensive Urdu course.                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> <b>'Arbi Awwal</b>                        | First year of the 'Ālimiyyah course.                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> <b>'Ālimiyyah</b>                         | If you would like admission into any of the later years, please state below:<br>2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 4 <sup>th</sup> year <input type="checkbox"/> 5 <sup>th</sup> year <input type="checkbox"/> 6 <sup>th</sup> year <input type="checkbox"/> |

**Note:** Applicants who do not meet the entry requirements of 'Arbi Awwal, especially satisfactory command of the Urdu language, **will have to apply** for the Preparatory Course.

Has the applicant applied to Islāmic Da'wah Academy previously? Yes ☐ No ☐

## SECTION 1: PERSONAL INFORMATION

#### 1A: DETAILS OF APPLICANT (AS IT APPEARS ON PASSPORT)

|                    |                  |
|--------------------|------------------|
| First Name         | Address          |
| Middle Name        |                  |
| Last Name          | City             |
| Date of Birth      | Post Code        |
| Place of Birth     | Country          |
| Nationality        | Phone (landline) |
| Current Occupation | Phone (mobile)   |
| Marital Status     | Email            |

#### 1B: DETAILS OF PARENT/GUARDIAN

|                       |                        |
|-----------------------|------------------------|
| First Name            | Address (if different) |
| Middle Name           |                        |
| Last Name             | City                   |
| Date of Birth         | Post Code              |
| Place of Birth        | Country                |
| Nationality           | Phone (landline)       |
| Current Occupation    | Phone (mobile)         |
| Relation to Applicant | Email                  |

| 1C: DETAILS OF GUARDIAN WITHIN UK                                                                           |                       |
|-------------------------------------------------------------------------------------------------------------|-----------------------|
| To be filled in by non-UK applicants with relatives within the UK                                           |                       |
| First Name                                                                                                  | Address               |
| Middle Name                                                                                                 |                       |
| Last Name                                                                                                   | City                  |
| Date of Birth                                                                                               | Post Code             |
| Place of Birth                                                                                              | Phone                 |
| Nationality                                                                                                 | Email                 |
| Current Occupation                                                                                          | Relation to Applicant |
| Can this guardian be used for correspondences? Yes <input type="checkbox"/> No <input type="checkbox"/>     |                       |
| If Yes, a letter will be required from the above mentioned confirming that they accept this responsibility. |                       |

## SECTION 2: DETAILS OF ISLAMIC EDUCATION

| 2A: INFORMATION OF CURRENT AND PREVIOUS MADĀRIS/ISLAMIC INSTITUTES                                                              |                                       |                                             |                      |                    |           |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|----------------------|--------------------|-----------|
| Please give information of last part-time and all full-time madāris/institutes attended by the applicant                        |                                       |                                             |                      |                    |           |
| Name of Madrasah                                                                                                                | City<br>(incl. Country if outside UK) | Type of Madrasah<br>(Boarding/Local Masjid) | Dates Attended       |                    |           |
|                                                                                                                                 |                                       |                                             | From<br>(Month/Year) | To<br>(Month/Year) |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
| Does the applicant still attend the last mentioned madrasah/institute? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       |                                             |                      |                    |           |
| If No, please give reasons for leaving                                                                                          |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
| 2B: ISLAMIC EDUCATION                                                                                                           |                                       |                                             |                      |                    |           |
| Please give details of all Islamic books/subjects studied                                                                       |                                       |                                             |                      |                    |           |
| Name of Madrasah                                                                                                                | Book/Subject                          |                                             | Grade/Result         |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
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|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
| Has the applicant taken any lessons in Tajweed? Yes <input type="checkbox"/> No <input type="checkbox"/>                        |                                       |                                             |                      |                    |           |
| If Yes, please give details.                                                                                                    |                                       |                                             |                      |                    |           |
|                                                                                                                                 |                                       |                                             |                      |                    |           |
| 2C: URDU LANGUAGE                                                                                                               |                                       |                                             |                      |                    |           |
| Please tick level of proficiency in Urdu                                                                                        |                                       |                                             |                      |                    |           |
|                                                                                                                                 | NO KNOWLEDGE                          | VERY LIMITED                                | AVERAGE              | GOOD               | VERY GOOD |
| UNDERSTANDING                                                                                                                   |                                       |                                             |                      |                    |           |
| READING                                                                                                                         |                                       |                                             |                      |                    |           |
| WRITING                                                                                                                         |                                       |                                             |                      |                    |           |
| SPEAKING                                                                                                                        |                                       |                                             |                      |                    |           |

## SECTION 3: DETAILS OF OTHER EDUCATION

| 3A: INFORMATION OF CURRENT AND PREVIOUS SCHOOLS/COLLEGES                                                                    |                                       |                                                          |                      |                    |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------|--------------------|
| Name of School/College                                                                                                      | City<br>(incl. Country if outside UK) | Type of School/College<br>(Boarding/Islamic/Private etc) | Dates Attended       |                    |
|                                                                                                                             |                                       |                                                          | From<br>(Month/Year) | To<br>(Month/Year) |
|                                                                                                                             |                                       |                                                          |                      |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |
| Does the applicant still attend the last mentioned school/college? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       |                                                          |                      |                    |
| If No, please give reasons for leaving                                                                                      |                                       |                                                          |                      |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |
| 3B: DETAILS/RESULTS OF SUBJECTS STUDIED                                                                                     |                                       |                                                          |                      |                    |
| Name of School/College                                                                                                      | Subject                               |                                                          | Grade/Result         |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |
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|                                                                                                                             |                                       |                                                          |                      |                    |
|                                                                                                                             |                                       |                                                          |                      |                    |

## SECTION 4: DETAILS OF APPLICANT'S HEALTH/WELFARE

| 4A: HEALTH DETAILS OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| GP's Name / Name of doctor's surgery or practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone |
| Does the applicant suffer from any of the following? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Asthma</span> <span><input type="checkbox"/> Eczema</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Migraine</span> <span><input type="checkbox"/> Bronchitis</span> <span><input type="checkbox"/> Diabetes</span> <span><input type="checkbox"/> Epilepsy</span> </div> |       |
| Any other known medical condition/disability/health problems/allergies. Please state.                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |
| Please give details of any regular medication or any treatment required                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| Does the applicant have any learning difficulty (listening, speaking, writing), special educational need (SEND), behavioural/emotional and/or social difficulty? <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>                                                                                                                                                                                    |       |
| If Yes to the above then please give details                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
| 4B: WELFARE DETAILS OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| Is the applicant involved with the social services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>                                                                                                                                                                                                                                                                                                                                                     |       |
| Are there any court orders in relation to the applicant?                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
| <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>                                                                                                                                                                                                                                                                                                                                                     |       |

## SECTION 5: OTHER DETAILS

| 5A: FEES                                                                                                                                                         |                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Do you have the required fees in place? Please tick                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                           |
| Who will be responsible for the payment of your fees?<br>Please tick                                                                                             | <input type="checkbox"/> Myself <input type="checkbox"/> Family/Friend<br><input type="checkbox"/> Sponsor/Company |
| If you are not going to be paying the fees yourself then please give full name and address of the responsible person who will be paying the fees on your behalf. | Name                                                                                                               |
|                                                                                                                                                                  | Address                                                                                                            |
|                                                                                                                                                                  |                                                                                                                    |
|                                                                                                                                                                  | Telephone                                                                                                          |
| Is this definite or proposed. Please tick                                                                                                                        | <input type="checkbox"/> Definite <input type="checkbox"/> Proposed                                                |
| Preferred method of payment. Please tick                                                                                                                         | <input type="checkbox"/> Full amount in one lump sum<br><input type="checkbox"/> 10 monthly installments           |

| 5B: OTHER INFORMATION                                                                                                                                                                                                                                                                                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Has the applicant ever been charged with criminal convictions in the UK or any other country?                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has the applicant ever been involved in, supported or encouraged terrorist activities in any country <b>or</b> been a member of, or given support to an organisation which has been concerned in terrorism <b>or</b> expressed views that justify or encourage others to carry out terrorism or other serious criminal acts? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes to any of the above questions please give details                                                                                                                                                                                                                                                                     |                                                          |
|                                                                                                                                                                                                                                                                                                                              |                                                          |

| 5C: PERSONAL STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>On a separate sheet of paper</u>, please provide a personal statement covering all the following 5 areas:</p> <ol style="list-style-type: none"> <li>1. Why you want to study at the Islāmic Da‘wah Academy (Jame‘ah Riyādul ‘Uloom) and what you expect to gain.</li> <li>2. How you would describe your Islamic background and upbringing.</li> <li>3. Briefly describe your knowledge of spiritual development and its impact on a Muslim’s life.</li> <li>4. What you see as your strengths and weaknesses.</li> <li>5. Include any personal/health factors that may affect your studies.</li> </ol> |

## RULES AND REGULATIONS

1. Acceptance and refusal of applications is the right of Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom).
2. Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) only caters for students over the age of 16.
3. Disclosure of all previous conduct is necessary.
4. All Islamic laws will have to be followed particularly prayers, dress and social affairs.
5. Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) reserves the right to dismiss any student when deemed necessary without right of appeal. Any one dismissed from Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) will have no legal remedy against Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom).
6. Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) will not be held responsible for any injuries etc. caused or received during the above named applicants attendance at, to and from Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) and all its building premises and waive any claims against Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom), except where such loss or damage is caused by its negligence.
7. The parent/guardian will be responsible for any damage caused by the above named applicant to any property, buildings and premises owned or used by the Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom).
8. All applicants who are accepted to Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) will be initially on a two month trial basis. The Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) reserves the total right to extend this time or to dismiss the applicant after this period without any reason.
9. All applicants who are accepted must comply with all of the Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom's) rules and regulations.

Islāmic Da'wah Academy is committed to fulfilling all its obligations under the current Data Protection laws and individuals are assured that it will treat their personal data with all due care. The information you supply will be used for the purpose intended. The Islāmic Da'wah Academy will, as far as practicable, ensure that all individuals whose details we hold are aware of the way in which that information is held, used, and disclosed and whether the recipients are internal or external to the Academy. Furthermore the 'processing' within the Islāmic Da'wah Academy will be fair and lawful and the information held securely. If you wish to see our privacy statement, please contact us.

## DECLARATION

We declare that to the best of our knowledge the information provided in this application (all sections) is accurate and truthful. We accept and agree to abide by all the rules and regulations of Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom). We also consent to the information supplied by us being held on file under the terms of the current Data Protection laws.

Parent/Guardian  
Signature

Applicant's  
Signature

Date

## THE APPLICATION WILL NOT BE PROCESSED IF ANY OF THE FOLLOWING ARE MISSING.

☐ **Copy** of Applicant's birth certificate

☐ **Copy** of Applicant's passport

☐ **Copy** of School/college report

☐ **Copy** of Madrasah report

☐ Two identical passport-sized photos (taken in the last 3 months)

☐ Reference form (attached)

☐ Personal statement

This should be filled in either by the Imam of local Masjid or last madrasah attended.

***This form and all sent documents become the property of the Islāmic Da'wah Academy (Jame'ah Riyādul 'Uloom) and will not be returned.***

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# Islāmic Da'wah Academy

## Jāme'ah Riyādul 'Uloom

### REFERENCE FORM

120 Melbourne Road, Leicester, Leicestershire, England, UK, LE2 0DS.

**ALL DETAILS MUST BE COMPLETED IN CAPITAL LETTERS USING BLACK INK.**

**PLEASE SEND COMPLETED FORM DIRECTLY TO US AND NOT TO THE APPLICANT.**

### REFEREE'S INFORMATION

|           |  |             |  |
|-----------|--|-------------|--|
| Full name |  |             |  |
| Address   |  |             |  |
| Position  |  | Contact No. |  |
| Institute |  |             |  |

### APPLICANT'S INFORMATION

|                                                |  |
|------------------------------------------------|--|
| Full name of applicant                         |  |
| How long have you known the applicant?         |  |
| How do you know the applicant?                 |  |
| What do you see as the applicant's strengths?  |  |
| What do you see as the applicant's weaknesses? |  |

Please use the following table to best describe the applicant in each of the following areas.

X: Unknown, 1: Poor, 2: Satisfactory, 3: Good, 4: Very Good, 5: Excellent.

| Quality               | x | 1 | 2 | 3 | 4 | 5 |
|-----------------------|---|---|---|---|---|---|
| Piety                 |   |   |   |   |   |   |
| Punctuality in Salaah |   |   |   |   |   |   |
| Character             |   |   |   |   |   |   |
| Intelligence          |   |   |   |   |   |   |
| Maturity              |   |   |   |   |   |   |
| Determination         |   |   |   |   |   |   |
| Potential             |   |   |   |   |   |   |

### GENERAL REMARKS

|  |  |
|--|--|
|  |  |
|--|--|

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

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